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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

for the year 1934

By

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
(Barrister-at-Law)
School Medical Officer

PRINTED BY HEADLEY BROTHERS, INVICTA PRESS, ASHFORD, KENT
AND PUBLISHED BY THE KENT COUNTY COUNCIL, PUBLIC HEALTH
DEPARTMENT, SESSIONS HOUSE, MAIDSTONE

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CONTENTS

PAGE
Members of the Education Committee 4
Prefatory Letter 5
ADMINISTRATIVE DETAILS .. 7
  Staff 9
  Co-ordination 10
  School Hygiene 10
Findings of Medical Inspection 12
Following-up 14
Work of Nurses (Table) .. 17

MEDICAL TREATMENT :

  Tonsils and Adenoids .. 18
  Defective Vision 20
  Tuberculosis 19
  Crippling Defects and Orthopædics 21
  Reports of School Dentists .. 22
  Infectious Diseases 27
PROVISION OF MEALS 29
CO-OPERATION OF VOLUNTARY BODIES 31
  N.S.P.C.C. 31
  Kent Voluntary Association for Mental Welfare 31
  Kent Council of Social Service 41
  West End Hospital 43
  Tavistock Square Clinic .. 43

PAGE
BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN .. 43
  Tonbridge Special School .. 43
  Higher Education 50
SECONDARY SCHOOLS 50
PARENTS' PAYMENTS 50
HEALTH EDUCATION 51
SPECIAL ENQUIRIES 51
EXAMINATIONS OF TEACHERS AND SCHOLARSHIP CANDIDATES .. 62
NECESSITOUS CASES 62

ELEMENTARY SCHOOLS :

  Children Inspected (Table) .. 63
  Defects Found (Table) .. 64
  Exceptional Children (Table) 66
  Treatment of Defects (Table) 69

SECONDARY AND PRIVATE SCHOOLS :

  Pupils Inspected (Table) .. 76
  Defects Found (Table) .. 77
  Treatment of Defects (Table) 79

KENT COUNTY COUNCIL

MEMBERS OF THE KENT EDUCATION COMMITTEE, MARCH 1935

COUNTY COUNCIL MEMBERS.

Colthup, W. (*ex-officio*).
Cornwallis, Rt. Hon. Lord, C.B.E.
Cornwallis, Capt. The Hon. W. S.
Elgar, W. R.
Gouge, G.
Gully, G. J.
Hardy, E.
Hesketh, E.
Hussey, E. W.
Jaffray, Capt. E. W.
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Noble, B.
Northbourne, Rt. Hon. Lord (Vice-Chairman).
Nottidge, W. Rolfe (Chairman).
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Payne, F. W. (*ex-officio*).
Penney, A. J.
Rule, W. N.
Salter, A. G. A.
Stevens, Ashley.
Streeten, F. O.
Tuff, C.
Wakeley, R. M.
Wigan, Miss E. J.

Representing areas autonomous for Elementary Education :

Corfe, A. F.
Hodes, F. P.
Elgood, C. A.
Huggins, H.
Tapp, A. W.
Thomas, W. E.

(One vacancy.)

MEMBERS OUTSIDE THE BODY OF THE COUNTY COUNCIL.

The Rt. Rev. Bishop of Dover.
Gardiner, Mrs. T. G.
Deed, Mrs. M. M.
Fryer, Miss E. M.
Lee, H.
Lees, Prof. C. H., D.Sc., F.R.S.
Powell, Rev. Canon H. T.
Sloman, H. N. P.
Toke, L. A. St. L.
Watts, H. T.
Whitehouse, F.
Kennett, Miss B. L.

PUBLIC HEALTH DEPARTMENT,
SESSIONS HOUSE,
MAIDSTONE.

March 18*th*, 1935.

To the Chairman and Members of the Kent Education Committee

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith my twenty-second Annual Report upon the work of Medical Inspection and Treatment of School Children in the County of Kent during the year ended 31st December, 1934.

The various sections of the report follow the same arrangement as in previous years; and such sections, as well as the tables printed at the end of the report, are in accordance with the requirements of the Board of Education.

I have continued the practice of incorporating, in this report, certain special reports made to me by school medical inspectors and school dental surgeons.

All the members of my staff have carried out their duties in a very satisfactory manner ; and Dr. J. W. Fox, the Assistant School Medical Officer, has assisted me in the preparation of this report. I continue to receive the support and close co-operation of your Committee's Officials and of the headmasters and headmistresses of the schools.

The work has proceeded smoothly throughout the year, and I have received the support of your Committee in all matters relating to the execution of such work. I would record my thanks for your interest.

I am, Mr. Chairman, my Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE

Report of the School Medical Officer

on the

Medical Inspection & Treatment of School Children

for the year ended December 31st, 1934

ADMINISTRATION.

On April 1st, 1934, the area of the administrative County of Kent for Elementary Education purposes was 910,260 acres, and the population was 605,622, of whom the average number on the roll of elementary schools is 83,449, the average attendance being 71,671. For Higher Education and General Purposes the population is 1,193,932.

The following districts are autonomous for elementary education purposes, and therefore do not come within the scope of this Report, except for Higher Education :—

Urban District of Beckenham.
Borough of Bromley.
Borough of Chatham.
Borough of Deal.
Borough of Dover.
Urban District of Erith.
Borough of Faversham.
Borough of Folkestone.
Borough of Gillingham.
Borough of Gravesend.
Borough of Maidstone.
Borough of Margate.
Borough of Ramsgate.
City of Rochester.
Borough of Tunbridge Wells.

The County Borough of Canterbury is autonomous for purposes of secondary as well as elementary education, but the Committee's Medical Officers carry out the inspections at the secondary schools of this area, by arrangement with the City of Canterbury Education Committee.

The boundaries of Beckenham, Bromley and Folkestone were enlarged during the year, the parish of West Wickham being transferred from the Committee's area to Beckenham, the parishes of Hayes and Keston to Bromley, and the urban district of Cheriton to Folkestone. The orders of transference came into force on April 1st, 1934, involving the loss of the following schools :—

Schools.	*School Roll.*
Hayes	121
Keston	175
West Wickham	91
Cheriton	178
Cheriton New Cheriton	334

The changes are too small to require appreciable re-arrangement of the School Medical Service.

No. of Elementary Schools	178 Council. 266 Voluntary.
No. of Elementary Schools	137 Urban areas. 307 Rural areas.
No. of Departments	549
School Roll	46,824 Urban areas. 35,266 Rural areas.
No. of Schools for Higher Education (including Technical and Day Trades Schools)	55
Number on Roll (Autumn Term)	16,417
No. of Minor Ailment Clinics	18
No. of Dental Clinics (including Temporary Clinics)	40
No. of Ophthalmic Clinics	14
No. of Orthopædic Clinics	8

THE STAFF.

School Medical Officer:

A. Greenwood, M.D., B.Sc., D.P.H.

Chief Assistant School Medical Officer:

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers:

S. A. Tucker, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
J. Selfe, M.R.C.S., L.R.C.P., D.P.H.
W. Lessey, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
F. Wolverson, M.D., C.M., J.P.
Gladys Stableforth, M.D., B.S.
Nancy W. Holloway, M.R.C.S., L.R.C.P.
C. Campbell, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.
J. E. Cheesman, L.M.S.S.A., D.P.H.

School Oculist:

J. W. Fox, M.B.

Orthopædic Surgeons (part-time):

A. L. Moreton, M.S., M.B., B.S., F.R.C.S., L.R.C.P.
H. E. Batten, F.R.C.S., L.R.C.P.

School Dentists:

F. J. Saunders, L.D.S.
H. Cantor, L.D.S., R.C.S.
L. F. Hayes, L.D.S.
W. W. F. Dawe, L.D.S., R.C.S.
F. A. Markham, L.D.S., R.C.S.
Miss M. E. O. Cross, L.D.S., R.C.S.
D. W. Lamb, L.D.S., R.C.S.
W. W. Nicholls, L.D.S., R.C.S.

There are thirty-nine whole-time nurses and eight dental attendants. There are also sixty part-time nurses undertaking school nursing. The total nursing staff for the purpose of the School Medical Service is estimated to be the equivalent of sixteen whole-time nurses. A nursing training is not required of the dental attendants.

CO-ORDINATION.

The effectiveness of arrangements intended to secure co-operation between the various branches of the Public Health Services and between these branches and more diverse activities is the measure of the amount of co-ordination. Perhaps the most complete co-ordination is obtained by one person carrying out several duties, but unfortunately some work may suffer. For this reason there has been a tendency for many years for more sub-division of technical labour. District Medical Officers, formerly school doctors also, have found it necessary to give up the schools, and the medical work in connexion with the schools has become more distributed. It is the business of the County Medical Officer to join all these activities again.

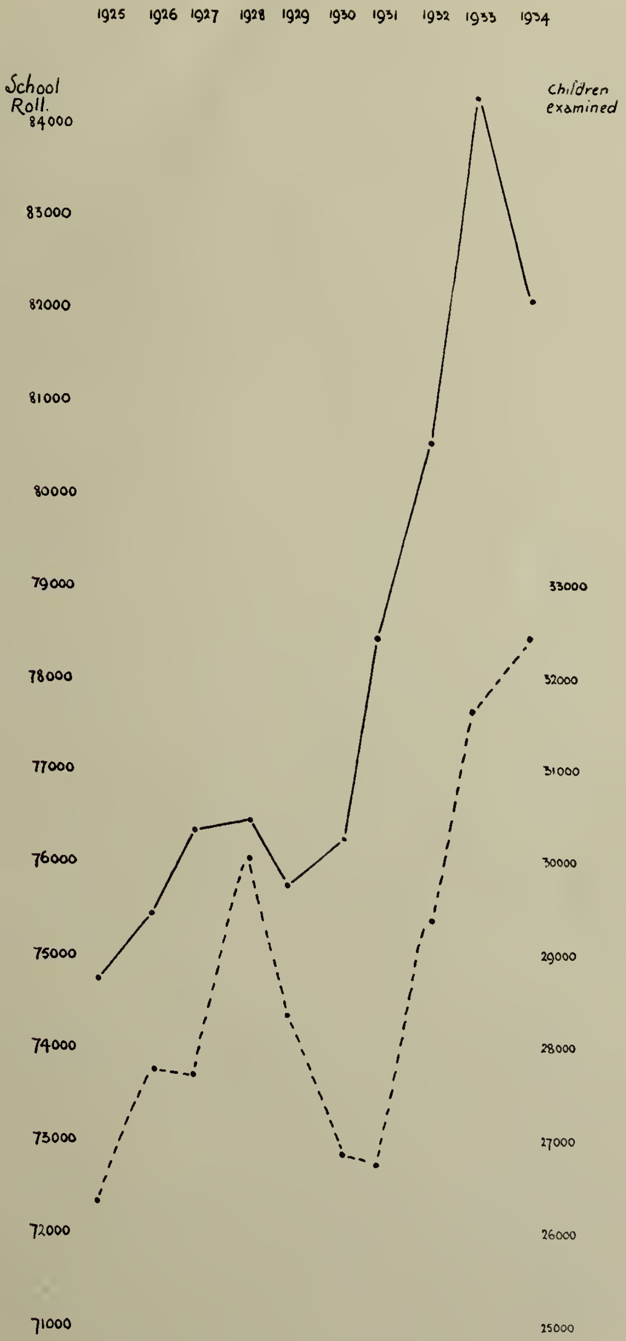
It has been explained in earlier years how information about children under five years of age is passed on to the schools on their becoming entrants into school life—so co-ordinating the functions of the doctor of the Infant Welfare Centre with the functions of the school doctor. Unfortunately the amount of information to pass on remains restricted, because by no means all infants attend the Welfare Centres, and all who do so are not kept under observation until aged five. Cases of infectious disease discovered in the schools, reported by school enquiry officers, or otherwise brought to light, are notified to the district medical officers concerned. When a child leaves school any relevant information is passed on for the assistance of the Juvenile Employment Bureau, and there is similar co-operation with the various voluntary associations. With the development of the better hospital facilities of the Public Assistance Committee, it is expected that there will be greater need for closer co-ordination of this branch with the Public Health and Education Committees.

SCHOOL HYGIENE.

I have nothing to add to my previous reports.

MEDICAL INSPECTION.

As it is impracticable to examine every child each year, certain age groups are selected for routine examination, viz. " entrants " into school life, eight-year-olds, and leavers. In addition, there are " special " inspections and " re-inspections ", as given in Table 10 on page 63. Special inspections relate to children who, though belonging to no routine age group, are suspected by parents, teachers or others to be suffering from some condition requiring investigation. Re-inspections relate to children found defective, whether recommended for treatment or for observation, at some previous examination. Any member interested in the details of the organization of the work of the School Medical Service will find full particulars in the so-called " Red Handbook " issued for the guidance of doctors, dentists, nurses or other persons concerned.



Graph showing the variation in the School Roll during the years 1925 - 1934 (thus ———) and the numbers of children examined (Routine and Special) during the same years (thus ---------)

With the growth of the school population, particularly in North-West Kent, there has been a rise in the number of necessary examinations each year, and now the existing staff has been unable to keep pace. During 1934, a few schools remained unvisited, and some could only be visited once. Since curtailment became inevitable, it was considered least harmful that it should affect chiefly the schools for higher education. Although not a matter for report on the work for 1934, it may be mentioned here that the Committee approved in principle appointment of another school doctor, at their meeting held in January 1935.

The figure on page 11 gives two graphs showing the variations in the school rolls for the last ten years and the corresponding variation in the number of children examined (not including re-examinations).

Findings of Medical Inspection.

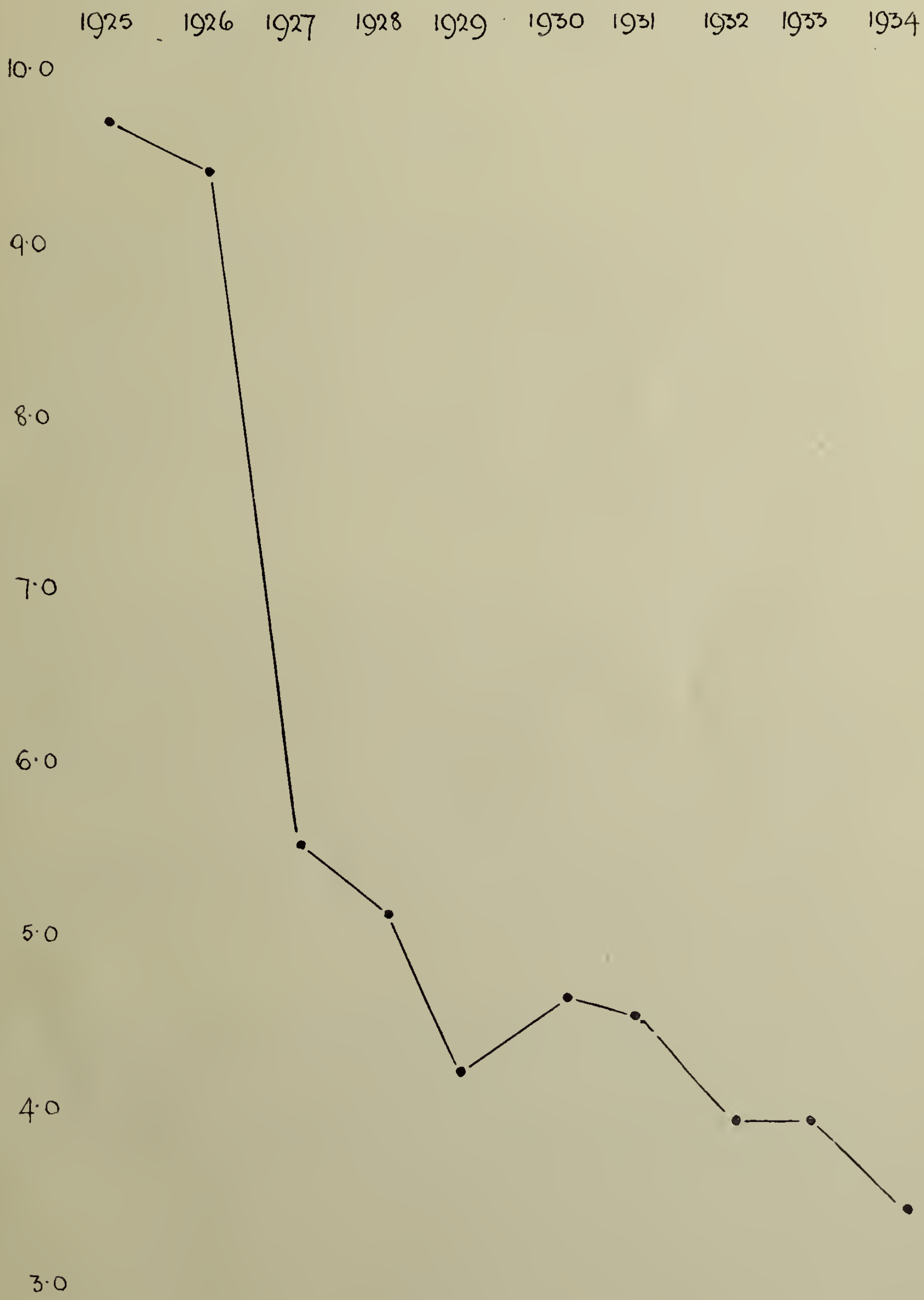
(*a*) *Uncleanliness.*—In the early days of medical inspection, there was scanty nursing assistance, and the records of uncleanliness were compiled from the ordinary medical returns. After systematic " verminous inspections " were introduced, it was found that the real incidence of these conditions was considerably higher than these medical records indicated. Since the latter reached 15 per cent., this must be regarded as a low estimate of the real prevalence, and there will be no risk of exaggeration if it is compared with a figure of 3 per cent. at the present time. Other conditions of dirt and neglect have diminished also, though perhaps not in such a striking degree. Group VI of Table IV, page 74, has been prepared now for ten years. Detail (iii) of this table shows the number of individual children found unclean, and the graph on page 13 shows the variation of this figure since it has become available.

The war against the conditions under review is likely to fail to arouse enthusiasm but I believe its result is the most important contribution of the School Medical Service to general social betterment, whether physical, mental or moral. In addition, the benefits react to strengthen the causes of the benefits, and so a circle is set up the reverse of vicious.

(*b*) *Minor Ailments.*—The conditions comprised in this category make up in quantity for what they lack in intrinsic importance. Minor injuries and skin diseases predominate. From time to time, outbreaks of impetigo occur, and less frequently of ringworm, necessitating special measures for their control, but the majority of cases can be dealt with at the school clinics or at the patients' homes.

(*c*) *Visual Defects.*—Normal vision is the visual acuity of the average adult, i.e. eyes without disease or appreciable refractive error. It is represented empirically by a particular sized letter seen at a specified distance. If the letter has to be larger in order to be recognized then the vision is inversely proportional (the angles subtended by the letters providing the ratio and not the actual sizes of the letters). The device

Graph showing the number of individual children found unclean during the past ten years, expressed as a percentage of the School Roll.



meets practical requirements, but its mathematical precision is a delusion as in the measurement of other biological functions. The estimate of one day is apt to differ from that of the next and in children particularly is influenced by the patient's ability to interpret what he sees dimly.

No attempt is made to test eyesight in children under eight years of age, unless for some special reason, usually someone's suspicion that a defect exists. The graph on page 15 is constructed from the returns of visual defects found in the " intermediate " and " leaver " groups of children, and shows the percentage for the last ten years. The actual number for 1934 is 1,445.

(*d*) *Tonsillitis and Adenoids.*—During 1934, a total of 4,974 defects of the throat and nose was recorded, compared with 4,423 in 1933. Of these, 2,292 were referred for treatment, not necessarily operative. The diagnosis of adenoids under the conditions of medical inspection at school must be a matter of skilled guessing in the milder cases, and the estimation of the need for treatment still more a matter of individual judgment. But tonsils can be seen, and therefore the numbers of cases of enlarged tonsils, whether referred for treatment or not, recorded from year to year should possess a high degree of accuracy. The graphic table given on page 16 shows the number of cases found amongst the routine age groups for the last ten years, given as a percentage of the number of children examined at routine ages.

Following-Up.

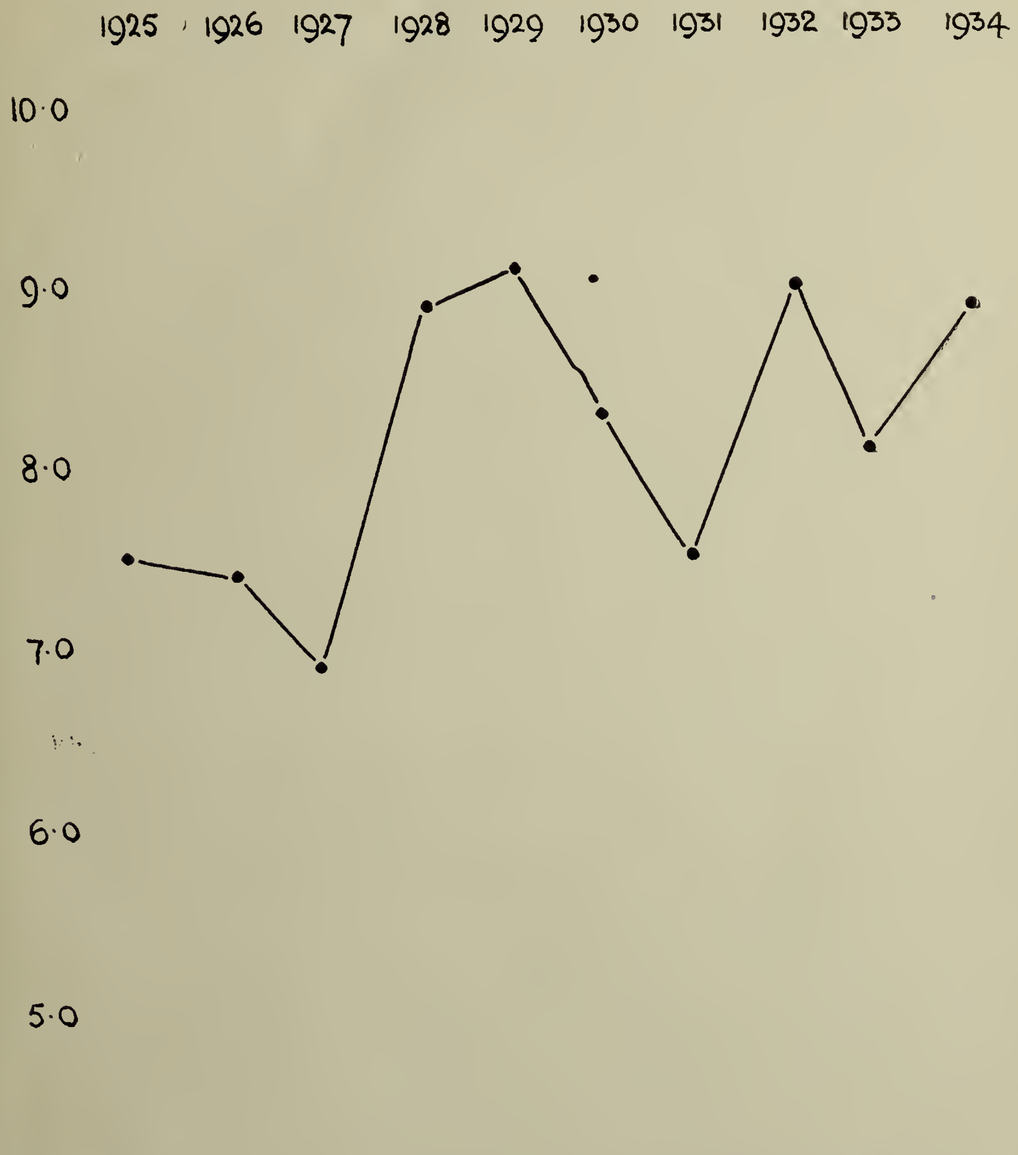
By " following-up " is meant all those measures adopted for ensuring that a child with a defect shall receive appropriate treatment.

When a child is discovered to be suffering from some defect requiring treatment, the parent is notified by the school doctor, and in cases of defective teeth, vision, tonsillitis and adenoids special forms are sent informing the parent of the facilities for obtaining treatment under the Committee's scheme. The record cards of all such cases are referred to the nurses in order that they may visit the parents and advise. During the year under review, the nurses made 21,239 home visits.

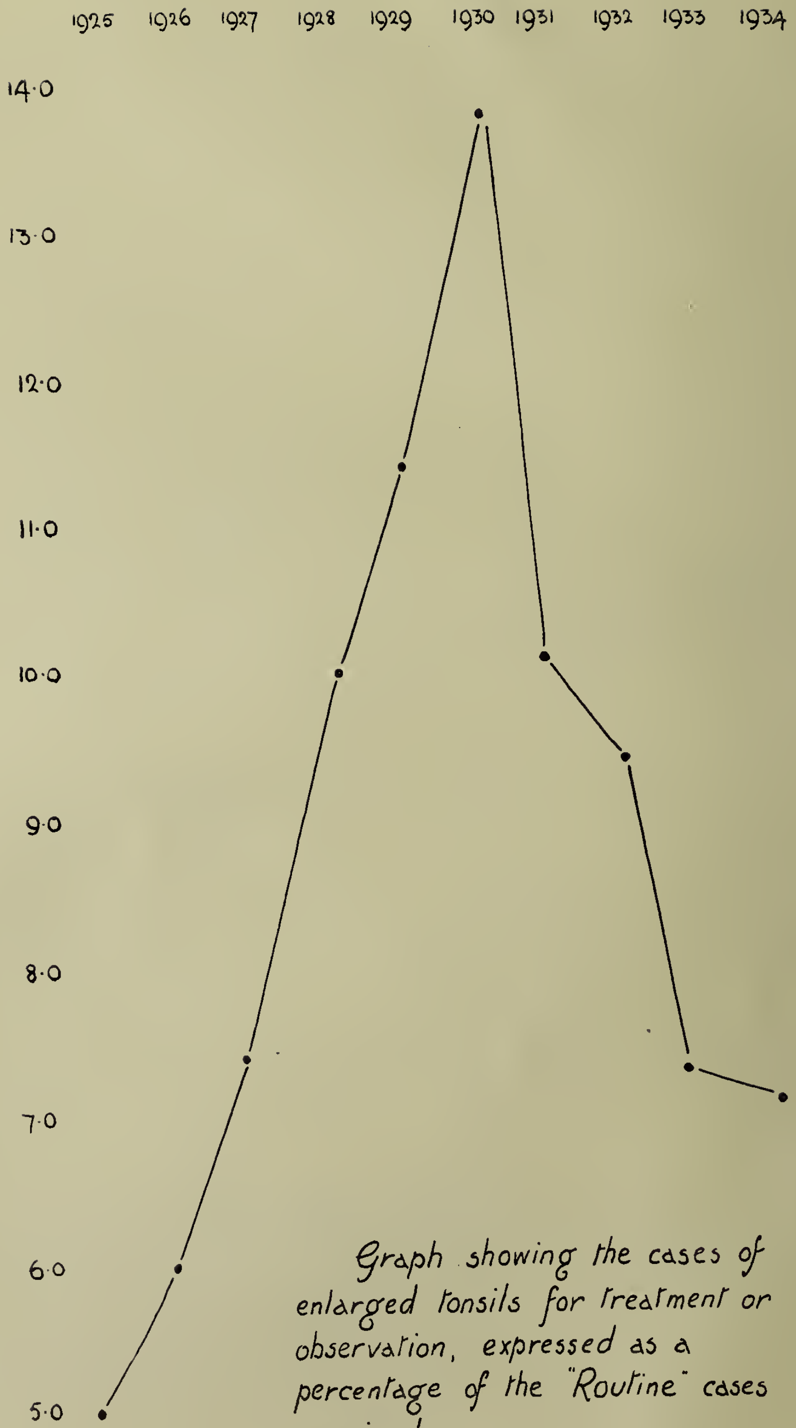
Where parents fail to obtain treatment notwithstanding attempts at persuasion, and the defect is such as to be causing unnecessary suffering, the facts are reported to the local branch of the National Society for the Prevention of Cruelty to Children.

Medical Treatment.

(*a*) *Minor Ailments.*—Cases of minor ailments continue to receive treatment at the clinics established by the Committee at Ashford, Aylesham, Bexley Heath, Crayford, Dartford, Herne Bay, Northfleet, North Preston, Queenborough, Sheerness, Sittingbourne, Snodland, St. Mary Cray, Tonbridge, Welling and Whitstable. In those districts where clinics are not established, the nurses visit the children at their own homes.



Graph showing the cases of defective vision recommended for treatment or observation, expressed as a percentage of the examinations in the Intermediate and Leaver groups.



Graph showing the cases of enlarged tonsils for treatment or observation, expressed as a percentage of the "Routine" cases examined.

Table 1.—*Summary of work carried out by Nurses during the year* 1934.
(*See also Table* 13, *Section VI.*)

Year. (1)	School Roll of Area. Dec. 31st, 1934. (2)	No. of Visits to Schools. (3)	No. of Examinations of Girls. (4)	% of Girls Verminous.* (5)	No. of Examinations of Boys. (6)	% of Boys Verminous.* (7)	No. of Re-examinations of Girls. (8)	% of Girls Verminous.* (9)	No. of Re-examinations of Boys. (10)	% of Boys Verminous.* (11)	% of Girls Excluded. (12)	% of Boys Excluded. (13)	% Exclusions to School Roll. (14)	No. of other visits to Schools. (15)	Attendances at Clinics. (16)	% Home visits to School Roll. (17)	% of other Exclusions to School Roll. (18)
1934	82,090	2,810	100,317	3·8	70,602	1·0	13,461	21·6	7,574	6·2	0·5	0·2	0·9	1,397	1,338	25·9	1·6
1933	84,234	2,600	98,079	3·9	90,209	0·9	8,537	35·7	3,782	11·5	0·6	0·2	0·9	1,364	1,484	22·1	1·4
1932	80,547	2,977	97,226	4·0	93,860	1·3	11,182	32·2	4,091	13·0	0·4	0·1	0·7	1,587	1,565	28·5	1·4
1931	78,405	2,904	97,263	5·1	88,885	1·3	14,916	22·6	8,111	6·4	0·5	0·2	0·9	1,309	1,589	31·2	1·9

* " Verminous " children include all degrees of uncleanliness, from " a few nits " to " many live vermin ".

(*b*) *Tonsils and Adenoids.*—It is the Committee's policy that, after operation for tonsils and adenoids, the patients should be kept in hospital for at least one night, and during the past year new arrangements have been made with certain hospitals to ensure that this practice is adopted. After discharge from hospital, the name and address of each child is notified to the school nurse in order that she may visit the home, and ensure that the child is making satisfactory progress. The operations undertaken under the Committee's scheme were performed at the hospitals enumerated in Table 2.

Operative treatment of cases of enlarged tonsils and adenoids :—

Table 2.—*Number of Children treated during* 1934 *under arrangements made by the Committee.*

Hospital.	Tonsils and Adenoids. No. of Cases.
Ashford	10
Barnes Cray Nursing Home	22
Bexley Cottage	74
Bromley Cottage	8
Chislehurst, Orpington and Cray Valley	39
Dartford, King Edward Avenue	47
Dartford, Livingstone	62
Deal, Victoria	21
Dover, Royal Victoria	10
Faversham Cottage	9
Folkestone, Royal Victoria	34
Gravesend General	3
Herne Bay Cottage	9
Kent and Canterbury	100
Kent County Ophthalmic	216
Kent and Sussex, Tunbridge Wells	45
Margate General	15
Rye Memorial	7
Sevenoaks and Holmsdale	8
Tonbridge Cottage	10
Whitstable and Tankerton Cottage	13
Total	762
Total for 1933	727
Total for 1932	1,180
Total for 1931	1,565

(*c*) *Tuberculosis.*—The supervision and treatment of tuberculous children is undertaken by the family medical attendant or by the County Tuberculosis Officers. The following table shows the attendances at the County Dispensaries during the year.

Table 3.—Showing school children from the area of the Kent Education Committee who were seen at the Tuberculosis Dispensaries of the Kent County Council during 1934.

Age.	Tuberculosis of Lungs. (Definite.) (1)		Tuberculosis of Lungs. (Suspected.) (2)		Treated as Pre-Tuberculous, etc., but not suspected of T.B. Lungs. (3)		Glands. (4)		Spine. (5)		Hip. (6)		Other Bones and Joints. (7)		Skin. (8)		Other Forms of Tuberculosis. (9)		Non-Tuberculous Diseases. (10)		No Disease. (11)		Total. (12)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	—	2	2	4	6	12	4	3	1	2	—	—	2	2	—	—	2	1	7	3	27	21	51	50
6	4	1	4	5	11	11	5	5	2	—	—	1	1	1	—	—	—	2	13	12	23	24	63	62
7	3	2	5	3	11	9	9	8	1	2	4	1	—	1	1	—	3	1	10	10	20	15	67	52
8	1	1	2	3	13	18	9	6	1	—	2	1	3	1	—	1	4	3	10	6	35	29	80	69
9	4	2	2	4	8	11	12	2	2	1	1	1	1	1	—	1	4	3	5	7	32	18	71	51
10	3	—	2	1	7	6	6	10	—	2	1	2	—	3	—	—	5	1	5	7	19	24	48	56
11	8	4	1	4	6	10	5	8	1	1	2	—	—	1	1	1	1	1	4	5	25	20	54	55
12	5	9	6	3	12	13	10	11	—	—	—	1	1	—	—	—	4	—	8	6	20	25	66	68
13	3	6	4	4	8	12	6	5	1	—	2	—	—	2	—	—	5	—	9	8	17	23	55	60
14	8	10	2	2	1	2	6	8	—	1	2	3	2	1	—	—	3	2	3	2	11	20	38	51
Totals	37	37	30	33	83	104	72	66	9	9	14	10	10	13	2	3	31	14	74	66	229	219	593	574
Totals in 1933	47	39	38	37	65	89	65	56	4	7	11	9	8	15	2	3	32	14	67	60	204	196	543	525

Table 4.—Showing cases of defective vision examined by the school oculist.

	Ashford.	Aylesham.	Broadstairs.	Dartford.	Hythe.	Maidstone.	Northfleet.	St. Mary Cray.	Sevenoaks.	Sheerness.	Sittingbourne.	Snodland.	Tonbridge.	Whitstable.	Total.
New cases	112	33	49	358	30	58	132	88	70	102	85	47	126	53	1,343
Re-examinations ..	131	20	51	366	38	70	121	61	64	156	103	41	168	51	1,441
Glasses prescribed	112	27	48	437	35	52	149	63	53	104	76	48	156	44	1,404
Glasses obtained* ..	124	38	48	451	33	72	155	79	78	120	94	51	167	39	1,549

* Includes spectacles prescribed in previous years, but obtained during 1934.

(*d*) *Vision.*—Cases of defective vision are, for the most part, treated at the clinics established by the Committee at various centres throughout the County. The Committee have also made arrangements for the treatment of such cases at the following hospitals :—

Dover, Royal Victoria Hospital.
Gravesend and North Kent.
Kent and Canterbury.
Kent and Sussex.
Kent County Ophthalmic Hospital.

Arrangements also exist whereby children can be referred to the clinics established by the Folkestone and Margate Education Committees.

The table on page 20 shows the number of children who were seen at the clinics established by the Committee.

(*e*) *Crippling Defects.*—There has been no change in the workings of the County Orthopædic Scheme during 1934, and the following tables indicate the number of children who received treatment.

Table 5.—Orthopædic treatment of school children from the area of the Kent Education Committee, 1934.

No. of Patients who attended the Out-Patient Clinics during the year	New Patients ..	406	789
	Old Patients ..	383	
No. of Attendances	Clinic		3,799
	Special		3,897
No. of Patients admitted for In-Patient Treatment ..			58
No. of Patients discharged from In-Patient Treatment ..			52
No. of Patients still under treatment (as In-Patients) on January 1st, 1935			31
No. of Patients X-Rayed			19
Surgical Appliances provided			210
No. of cases in which travelling expenses have been paid	New cases in 1934	57	92
	Old cases	35	

Table 6.—*Classification of the defects of* new *patients* (*school children*) *who attended the Out-Patient Clinics during* 1934, *from the area of the Kent Education Committee.*

Defect.	Male.	Female.
1. Congenital deformities :		
Clubfoot	8	9
Congen. dislocation of hip	1	1
Congen. malformations	6	13
Congen. paralyses	8	7
2. Deformities due to Rickets	22	16
3. Poliomyelitis and resulting deformities ..	5	5
4. Other acquired deformities :		
Flatfoot	63	61
Curvature of spine (excluding Tuberculosis) ..	28	73
Deformities or limitation of movement, the result of fracture	15	12
Amputations for injury or disease	—	1
Disabilities arising from osteitis or periostitis	6	1
Arthritis	1	3
Deformities due to nerve injuries or disease ..	3	3
Other deformities	11	14
5. No information	—	2
6. No defect discovered	4	4
TOTALS	181	225

(*f*) *Dental Defects.*—There has been no further development under the School Dental Service during the year under review, and the work undertaken by the dentists is summarized on page 73.

The following reports have been received from the dental surgeons :—

Mr. H. Cantor (*Area No.* 3).

As in previous years, every school child within my area has been inspected twice during the past twelve months ; and treatment has been carried out at Broadstairs, Herne Bay, Sandwich and Westgate-on-Sea.

So far, speaking in general terms, Dental Surgeons have failed to find any preventive treatment of dental caries, and the only method by which we can stop decay from progressing is by removal of the foci as they appear. Obviously, therefore, it is only by regular and systematic dental inspection and treatment every six months, that we can definitely bring about a diminution of dental disease in the school child, thereby preserving the teeth and preventing secondary disease from supervening. In this respect, I am fully convinced that no one can doubt that School Dentistry is one of the most vital and important branches of the School Medical Service.

To turn to details of the past year's work, 5,045 routine cases were inspected and 2,516 (or 49 per cent.) were referred for treatment. Of 4,598 re-inspections, 1,537 (or 33 per cent.) were referred for treatment—a drop of 4 per cent. as compared with 1933. 2,115 individual cases were treated, being 906 routines and 1,209 re-inspections, and these children made 2,729 attendances for the purpose of completing their treatment.

Dealing with conservative treatment, a grand total of 2,276 fillings were inserted in all cases ; and of this number 2,115 were permanent fillings and 161 fillings in the deciduous or temporary teeth. The proportion of these fillings works out at 1,475 in the re-inspections and 801 in routine cases.

As to extractions, these totalled 2,215 in the deciduous series and 129 in the permanent teeth. In both groups there was a further welcome drop in numbers of these extractions as compared with previous years.

It will be seen from the above figures that it has been a very sound and certainly a very full year's work, and I feel that I must acknowledge the yeoman work of my competent dental attendant.

Miss M. Cross (*Area No.* 8).

During the year under review, treatment has been carried out at four permanent centres—Ashford, Marden, Snodland and West Malling. Temporary clinics have been held at Hawkhurst, Yalding and the Caldicott Community " Special " School—a total of 2,471 attendances was made by 1,226 children.

The number of administrations of general anæsthetics has risen from 112 in 1931 to 214 in 1934. This, combined with the fact that it is by no means uncommon for parents to ask for " gas ", proves that it is a service that is both essential and appreciated by all concerned. The addition of Snodland School and Maternity and Child Welfare Clinic to this area in April of last year necessitated considerable curtailing of the work at Ashford. As a result, very few inspections have been held in the latter area ; cases recommended by the school doctors, nurses, teachers and parents themselves keep the clinic supplied with a permanent waiting list.

It is regrettable that it is not possible to hold a clinic at Snodland more than once a fortnight, as there is much work waiting to be done in this district. Once again I would thank the nurses and teachers in my area and the office staff, for their assistance throughout the year.

Mr. W. Dawe (*Area No.* 4).

During 1934, permanent dental clinics were held at Walmer, Canterbury, Hythe, Elvington and Cheriton ; while temporary clinics were held at seven centres.

Of the 5,789 children inspected who had never received treatment at a clinic some 79·4 per cent. were found to be defective while of the 3,772 who had attended a clinic at least once in their school life 1,756 or 46·5 per cent. required further treatment. This last group includes many who attended as infants and, as no obvious defects were seen by the parents, failed to attend subsequently for some years, but the difference in the number of defectives is striking.

1,808 individual children made 2,230 attendances at the treatment centres, showing an increase on last year's total.

With regard to actual treatment, 578 permanent teeth were extracted while 2,087 were filled, showing a very satisfactory proportion of the latter. 1,421 children received local anæsthetics for extraction purposes while 124 cases were given general anæsthetics at Maternity and Child Welfare Centres.

It is an established fact that the period of school life is the most susceptible to dental caries. This, coupled with the prevalent diet of bread and margarine or jam, renders preventive measures to check the appalling ravages of caries almost impossible to carry out. The dental clinic supplies the remedial treatment so urgently needed until some more definite knowledge of the causes of the disease is obtained.

I should again like to express my appreciation of the invaluable services of my dental attendant and of the teachers and health visitors in my area.

Mr. L. F. Hayes (*Area No.* 5).

The permanent clinics at Northfleet and Sittingbourne have again maintained their good average. Temporary clinics have been held at seven centres.

The total number inspected was 8,712, a decrease of 1,418 on last year, due perhaps to the diminishing numbers on the rolls of the schools. Of those inspected for the first time, 58 per cent. require treatment.

Of the children re-inspected, 63 per cent. require treatment, a decrease of 10 per cent. on last year ; and approximately 30 per cent. on the figures of 1927. The anticipated large crop of permanent extractions (*vide* my report, 1933) has not materialized—perhaps this is due to the improvement in acceptances for the past year. All available time and energy has been concentrated upon the permanent dentition ; and the technique of treatment simplified in the case of the temporary dentition, with splendid results.

The average daily attendance was 17·16.

The average daily completed treatments was 10·3.

The average daily attendance of individual children was 10·8. Approximately fifty unfinished cases will be carried over to the next year.

Fifty-two children were treated as simple regulation cases. Those requiring appliances were referred to the different London Dental Hospitals as in past years. The cost of treatment for these children is borne by the parents.

My dental attendant has done many hundreds of visits as shown in her monthly reports.

The past year has been one of smooth running, as in previous years.

Mr. D. W. Lamb (*Area No.* 7).

Dental treatment has been carried out at the three permanent centres—Sheerness, Whitstable and Faversham—and at all the temporary centres in rural parts of the area.

The number of attendances at these clinics was 2,855. 536 permanent teeth were extracted, which, although 20 per cent. were removed for regulation purposes, is still much too high a figure. Nearly seventy-five of these extractions were for children attending the clinics for the first time, many of whom had been notified, on two or three occasions previously, that teeth required fillings. I am sure that the warnings on consent forms as to the ineligibility of such children as " casuals " and still greater educational propaganda at home visits will, taken together, gradually reduce this toll of permanent extractions.

Thirty schools and departments have been inspected. In the case of first inspections 69 per cent. were referred for treatment as against 40 per cent. at re-examinations. The number of children entering school who were found to require treatment still remains high, namely, 62 per cent. of those examined.

I again wish to thank the nurses and teachers for their valuable assistance in the work, and my dental attendant, whose interest and co-operation are a great asset to the efficiency of the clinics.

Mr. F. Markham (*Area No.* 6).

Twenty-five sessions were devoted to inspections during the year. The number inspected and referred for treatment was :—

A. Inspected, 2,664. Referred for treatment, 73 per cent.

B. Re-inspected, 1,818. Referred for treatment, 62 per cent.

Although the " A " group shows a slightly higher percentage of referred this year, the really bad mouths were not so marked.

Four hundred and seventeen sessions were given to treatment at the two permanent clinics at Sevenoaks and St. Mary Cray and in six temporary clinics. Two sessions per month were spent at the Bexley Heath Centre.

The total number of attendances for treatment has been 3,425, with a daily average of 16·4.

The number of completely treated children has been approximately seven.

A number of new regulation cases has been again undertaken this year and the results of the old cases, some of which have been completed, are very satisfactory.

I would again like to thank the teachers in the schools visited for their help, also my attendant for her assistance in the clinics and her work outside.

Mr. W. Nicholls (*Area No.* 1).

During the year dental inspections have been carried out at most of the schools in this area. Of the total number of children inspected, approximately 50 per cent. accepted treatment.

For the purpose of statistics a certain proportion of children are counted as " refusals ". Nevertheless, it would appear that the inspection, at which the dental defects were noted, has resulted in their accepting treatment subsequently, either at the clinic or with a private practitioner. The number of " refusals " is accordingly not so high as would seem. I feel obliged to add that in a small proportion of cases where the " consent " form is marked " private treatment " or " own dentist " the real aim has been to avoid treatment altogether. It is, however, satisfactory to add that the number of children treated at the permanent clinics at Dartford, Bexley Heath and Welling remains constant.

An interesting feature of the work during the period under review is that an increasing number of children are having treatment as the result of school medical inspections, and those who have previously refused to have conservative treatment of permanent and temporary teeth are now having their teeth filled. It is also gratifying to note that parents are availing themselves of the advice of the school dental surgeon : for instance, two cases of dental cyst were referred to hospital for necessary treatment.

I should like to express my appreciation of the willing and most useful co-operation which I have received from the head teachers and their staffs, as well as from nurses in the district who, one and all, fully appreciate the importance of prompt and effective dental advice and treatment.

Mr. F. J. Saunders (*Area No.* 2).

Dental inspections and treatment have been carried out in eight centres in my area during the year 1934.

56 schools (including departments) have been inspected.

68 per cent. of the children referred for treatment accepted same.

48 children, including those who failed to complete treatment, were carried forward into 1935 for completion of treatment.

403 applications for treatment were received (without inspection).

280 visits were necessary in respect of children who failed to keep their appointment.

1,071 visits were made in respect of children whose parents failed to sign form 57 M.I. after inspection, and 284 forms 57 M.I. were signed as a result of these visits.

46 miscellaneous visits were made during the year.

1,397 is the total number of visits made during the year.

137 half-days were devoted to visiting, and propaganda work by my dental attendant, under my instructions.

I am greatly indebted to my dental attendant, and especially to head teachers, for their unfailing co-operation throughout the year.

INFECTIOUS DISEASE.

Details of the methods used for dealing with infectious disease have been given in previous reports and need not be repeated here.

Thirteen closures of schools were necessary during 1934, as follows : One school for one week, and one school for a fortnight, on account of scarlet fever. Two schools for one day each, two schools for two days each, and one school for one week, to enable wet cleansing and disinfection to be carried out following the occurrence of scarlet fever. One school for ten days, on account of measles. One school for two weeks, on account of measles and rubella. One school for one week, on account of diphtheria. One school for one day, to enable wet cleansing after diphtheria. One closure for two weeks, and one closure for one week, on account of combined outbreaks of scarlet fever and diphtheria.

The following is a statement of the action taken under the regulations, showing the number of certificates issued in respect of attendances of less than 60 per cent. on account of infectious disease :—

Disease Prevalent.	Period Covered by Certificate.						Total.
	One Week.	Two Weeks.	Three Weeks.	Four Weeks.	Five Weeks.	Six Weeks & over.	
Measles	11	9	7	6	1	—	34
Measles and Whooping-cough	—	2	—	—	—	—	2
Measles and Chicken-pox ..	—	—	1	1	—	—	2
Measles, Whooping-cough and Colds	1	—	—	—	—	—	1
Measles and Rubella	1	—	—	—	—	—	1
Rubella	—	1	1	—	—	—	2
Measles and Mumps	1	—	—	—	—	—	1
Mumps	—	3	—	—	—	—	3
Chicken-pox	8	—	3	1	—	—	12
Chicken-pox and Scarlet Fever	1	—	—	—	—	—	1
Scarlet Fever	1	—	—	—	—	—	1
Scarlet Fever and Rubella ..	1	—	—	1	—	—	2
Whooping-cough	2	3	1	4	1	2	13
Diphtheria	1	1	—	—	—	—	2
Colds	4	1	—	—	—	—	5
Influenza	1	2	—	—	—	—	3
Influenza and Colds ..	2	—	—	—	—	—	2
Total	35	22	13	13	2	2	87

The number of certificates granted fell from 218 in 1933 to 87 in the year under review. The chief factor in this fall was the reduced incidence of influenza ; in 1933, no less than 170 certificates were rendered necessary by influenza, either alone or in combination with other diseases, whereas only five certificates were required in respect of this disease during 1934.

Measles and rubella were the diseases having the greatest influence on attendance during the year under review. Thirty-seven certificates were required by these diseases, singly or combined, whilst in a further eight cases the one or the other disease was one of the illnesses necessitating the certificate.

OPEN-AIR EDUCATION.

There is nothing further to report.

PHYSICAL TRAINING.

There is nothing further to report.

PROVISION OF MEALS.

The Committee have for some time taken effective action under Sections 82 and 83 of the Education Act 1921, and with extremely small expenditure from public funds have been able to make extensive arrangements for the provision of meals. The purpose of school canteens in the County is to provide a hot two-course meal for children who live such a distance from the school that they are unable to get home for a meal at mid-day. Other children whose parents wish them to have the meal at school are not excluded, as apart from the social value of the school dinners, the maintenance of numbers is an aid to ensuring that the canteen is run on a self-supporting basis. School canteens are run by voluntary local committees, representative of Managers, Teachers and others interested in the welfare of the children. The Education Committee associate themselves with this voluntary committee by appointing representatives. The Supervisors and Secretaries are usually members of the teaching staff of the school. Apart from the kitchen staff, who are paid servants of the canteen committee, the whole of the local administration and supervision is voluntary.

There are now 61 school canteens in the County providing a hot two-course meal at mid-day. Of these 48 are at all-age schools, 12 are at central schools, and one is at the Tonbridge Special School. The following table shows how the scheme has grown in recent years :—

Year ended.	*No. of Canteens.*	*Meals served.*	*No. of free meals.*
31.3.24	24	227,566	79,073
31.3.25	26	205,506	58,277
31.3.26	35	268,173	35,238
31.3.27	39	363,359	29,631
31.3.28	41	436,410	20,748
31.3.29	43	435,305	15,522
31.3.30	45	472,543	9,949
31.3.31	52	599,741	9,310
31.3.32	55	760,619	8,148
31.3.33	56	815,047	22,345
31.3.34	61	950,202	20,917

All canteens meet the whole cost of food, and, with one exception, the cost of labour, from their own funds. During 1933-4, 19 elementary school canteens and 9 central school canteens met all overhead charges. All the other canteens aim at meeting other items of expenditure apart from that of food and labour, but the extent to which they are able to do so depends on the particular circumstances of the canteen. It will be observed that a considerable number of free meals were provided at the canteens during the year 1933-4. The cost of these meals has been met as follows :—

	£	s.	d.
Whitstable Relief Committee	54	15	2½
Public Assistance Committee	1	7	4½
Herne Bay Philanthropic Society	24	18	3
Herne Bay Ex-Service Men's Club	6	4	10
Ashford Unemployment Relief Committee ..	31	16	7
Total	£119	2	3

School canteens are empowered to provide, after most careful selection, and from their own funds, a certain number of free meals to necessitous children. The approximate value of meals so provided by school canteen committees during the year in question was £178.

As from November 1st, 1934, the Milk Marketing Board introduced a scheme for the supply of milk to school children at a cheap rate. The Milk Marketing Board's scheme is a development of the arrangement introduced by the National Milk Publicity Council early in 1929. Under this arrangement milk was supplied in small sealed sterilized bottles containing one-third of a pint, and was sold at 1d. a bottle. This price at the rate of 6d. a quart was constant all the year round. In future, the price of milk is to be ½d. instead of 1d. for one-third of a pint, the Milk Marketing Board allowing to suppliers as a distributing cost the sum of 6d. per gallon, and paying in addition to this sum any difference there may be in the price received for the milk from the school children, that is 1s. per gallon, and the monthly wholesale price of liquid milk. At the time of the preparation of this report, the number of elementary schools or departments which had organized a supply of milk was 471. The number of children taking milk was 41,862. As regards secondary schools, the number of milk clubs was 33 and the number of children taking milk 4,616. The totals were, therefore, 504 schools, with 46,478 children taking milk. The approximate monthly consumption of milk was 37,067 gallons, representing 889,608 bottles of one-third pint.

The initiative and responsibility for beginning milk clubs are with the schools, and the schools, usually through the head teacher, enter into contracts for supply. In view, however, of the large number of schools and departments which have organized a supply of milk, the Committee have arranged for tests to be carried out to ensure that the quality of the milk is satisfactory.

In this connexion the Committee have decided upon the following procedure :—

(*a*) That tests be made of all milk supplied as soon as possible on the following lines, recommended by the County Medical Officer of Health :—

   (1) Tests of the milk for the presence of tubercle bacilli at certain intervals.

   (2) Counts of the bacteria content at certain intervals.

   (3) Inspection and supervision of conditions under which the milk is produced.

   These tests will be carried out with the co-operation of the Medical Officers of Health of the various local Sanitary Districts in regard to all sources of supply.

(*b*) Instructions be issued to schools to discontinue arrangements in any instance where milk being supplied is found to be unsatisfactory.

(*c*) That if an accredited producers' scheme is put into operation by the Milk Marketing Board, efforts be made to ensure that milk from accredited producers is wherever possible supplied under the scheme.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ENQUIRY OFFICERS AND VOLUNTARY BODIES.

National Society for the Prevention of Cruelty to Children.

The Society has again given every assistance possible, and during the year the following cases were dealt with :—

Branch.	*No. of Children.*	*No. of Visits Made.*
Bromley	14	49
Canterbury	54	306
South-East Kent ..	12	42
Gravesend	44	116
Isle of Thanet	12	78
Maidstone	20	68
Rochester	5	29
West Kent	7	28
Woolwich (Kent area)	1	3

Report of the Work of the Kent Voluntary Association for Mental Welfare for the year 1934.

There have been 470 feeble-minded cases under supervision this year, being an increase of 18 over last year's total. 97 were new cases, 5 of these being ascertainments referred by the Association for examination.

In addition, 10 new uncertified cases were received, all of these being referred for investigation with a view to psychological treatment. Two of these children left the area very shortly after they were referred. Two cases were received within a few days of the Christmas holiday and investigations are not yet completed.

Including feeble-minded cases the Association has arranged psychological treatment for twelve children this year. Three children were accepted at the West End Hospital for in-patient treatment. In addition to this a borderline case, girl, eighteen years, was referred to the Association by the Matron of a Training Home. With the kind assistance of the Committee of the Home, who provided an escort, and the Public Assistance Committee who provided funds, two interviews were arranged at the Institute of Medical Psychology. The girl was later taken into the Clinic Hostel for further treatment and placed out in service by their social worker. In this case the school records were found to be particularly helpful as they indicated difficulties which at the time were not sufficiently definite to demand action but which developed in adolescence and became a serious handicap to the girl's future. An additional check of this kind in the past history of the case is invaluable where family relationships have to be considered in dealing with the problem presented.

In most instances parents and guardians have co-operated in the effort to carry out the recommendations made by the psychologist. In one case the parents refused to allow the child to go to a Home recommended. Two refusals to allow the children to attend Clinics have been received. Needless to say, these are cases where treatment is particularly advisable, but as the recommendations are recent the refusals are not necessarily final.

In the cases under review it is interesting to observe that with very few exceptions there is something abnormal in the home circumstances, even where they cannot be said to be definitely bad. In addition to the psychological cases it has been particularly noticeable this year, in checking the visitor's reports, that there are a considerable number of really unsatisfactory homes. In some cases, by means of supervision, improvement may be expected ; others present more serious difficulties. One of the conclusions is that in spite of all the social services, which undoubtedly make an enormous difference, there still remain a number of parents of definitely poor mentality or unstable temperament.

The question of the part played by heredity is one which is now being more widely considered. Whatever the conclusions arrived at, the problem is one which is continually arising when the work of supervision is being carried out.

Court Cases.

There have been two court cases this year. One was in respect of a feeble-minded boy. The offence was not found to be serious and the magistrates considered that the supervision of the Voluntary Association would meet the needs of the case. The Association is indebted to the officers in the welfare department of the factory where the boy is employed for keeping a friendly eye on him and rendering reports when required. The other case was of a more difficult character. The case was later notified to the Mental Deficiency Committee and the child who was placed under Statutory supervision is at present under treatment for post-encephalitis lethargica.

In addition to the cases referred to, a number of borderline cases investigated in previous years are visited occasionally and reports rendered where necessary.

Summary of Cases.

There have been 470 feeble-minded cases under supervision during the year.

Numbers as follows :

Remaining on list last year	373
New cases received (including one transfer from Mental Deficiency Committee)	92
Ascertainments referred for examination	5
	470

Sixty-three names have been removed for the following reasons :—

*Residential Special School	7	
Lingfield Epileptic Colony (on trial)	1	
Left area	10	
Not traced	2	
Dead (1 T.B. ; 1 heart trouble ; 1 cause unknown)	3	
c/o Public Assistance Committee	2	
Not mentally defective on examination	2	
		27
Transferred to County Mental Deficiency Committee :—		
Under Statutory Supervision	11	
Certified Institution (1 epileptic ; 1 certified imbecile)	2	
Brighton Guardianship Society (Tonbridge Boarding-Out Committee case, 16 years)	1	
Notified to Local Authority (Special Circumstances case)	1	
Northern Hospital, Winchmore Hill (Post-encephalitis)	1	
		16
Reached age of 19 years	21	
		21
		64

Leaving 406 cases under supervision.
(Exclusive of uncertified cases.)

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* In addition one boy, formerly under supervision of Association, was transferred direct to Residential Special School from Public Assistance Committee Institution.

Three children are awaiting vacancies in Residential Special Schools, two (brothers) are from a very bad home and the Public Assistance Committee have admitted them to their Institution and Cottage Home respectively until the vacancies become available. In nine cases offers of Residential Special School teaching were refused. In some instances homes are unsatisfactory but in others the refusals are less unreasonable, distance sometimes being an obstacle. In one case, boy aged thirteen years, it was the possibility of employment at fourteen years. In another, the mother has requested that the boy be transferred from the Mary Dendy Home to a school where children are allowed to go home for holidays. This boy is now on the waiting list for another school. The parents in one case have accepted the offer under the Tonbridge Boarding-Out Scheme instead of a vacancy at a school where the children are not allowed to go home for holidays and where there may be some doubt of discharge at age sixteen years.

Three cases under Statutory Supervision have been of special difficulty. One child, as mentioned previously, is under treatment for Encephalitis Lethargica. Two children were withdrawn by the parents from the Day Special School at fourteen years of age and it was considered advisable that supervision under the Mental Deficiency Acts should be provided for.

All cases who have reached the age of nineteen years are under Friendly Supervision and reports are rendered twice yearly to the Mental Deficiency Committee. Twenty-one cases have been placed under Friendly Supervision this year.

Domestic Training.

There is still need for facilities for domestic training for backward girls leaving elementary schools at age fourteen to sixteen years. Some of the higher grade cases are capable of benefiting from training but feel their disabilities too much to attend classes with normal girls. Homes which provide short courses of training for normal girls are not always willing to take, even on trial, cases known to be feeble-minded. One girl has been placed in a Training Home by the Association this year. Another girl was placed in a Home for two years' training by a Church worker and satisfactory reports are received. (In this case conduct had been a difficulty.) Enquiries are being made in other cases. Three girls who have left elementary schools at age fourteen years may attend Occupation Centres for instruction in handwork. The Association co-operates with the Vocational Guidance Department in providing training and employment in both certified and borderline cases.

Excluding children under Friendly Supervision, 641 visits have been paid to the Committee's cases by the staff of the Association in addition to school enquiries and interviews. Voluntary visitors are in touch with many of the cases and render periodical reports to the Association. Local Committees of visitors are in Ashford, Bromley, Maidstone, Sevenoaks, Tonbridge, Tunbridge Wells and Thanet, and render valuable help in taking a personal interest in the children and young people under their supervision.

In North-West Kent, where there is not only an increase in the population but many families are moving to the new estates, it has been less easy to keep in touch with some of the cases and it is frequently found that evening visits are necessary.

Reports.

All cases have been reported on but in a small number recently received further visits have to be paid before detailed information can be obtained.

Reports on home circumstances in reference to Residential Special School holidays are rendered where required.

In addition to voluntary visitors and other helpers, the Association is indebted to many teachers who render such willing co-operation and who show great interest in the progress and general welfare of the backward children in their schools.

Thanks are also due to the staff at the Psychological Clinics, particularly the Institute of Medical Psychology, for their invaluable help and readiness to arrange interviews convenient to the patients concerned. We are also indebted to the Lady Almoners in some of the General Hospitals.

The Public Assistance Committee have helped greatly in providing funds when not available from other sources and for providing temporary accommodation in Cottage Homes when necessary.

Tonbridge Special School.

The number on roll at the present time is 37—27 boys and 10 girls ; 9 are from Tunbridge Wells, 4 from Southborough, 6 are boarded out and 18 are local children. There are 19 children in the Lower Grade Section, of whom 18 have not yet passed the infant school stage for Reading and Number ; 4 of these are very low grade cases indeed.

We have had two Medical Inspections during the year and have had two visits from officers of the Board of Education, one in the Spring from Dr. Gale and one quite lately from G. W. Buckle, Esq., H.M.I.

The admissions during the year numbered 8, while there were 7 leavers.

TONBRIDGE BOARDING-OUT COMMITTEE.

One new case has been placed under the Scheme this year and the little girl has settled happily in her new home. Four children have left. One boy who left the school at the age of sixteen years was placed by the Mental Deficiency Committee under the care of the Brighton Guardianship Society. This was a difficult case owing to conduct and poor home circumstances. One girl is now in the Cottage Homes at Rusthall and it is proposed that she should attend the Open-Air School. She had been previously withdrawn from the Scheme owing to persistent enuresis which did not yield to treatment. Two children were withdrawn by the parents at the age of fourteen. No prosecution was undertaken but as the home supervision was inadequate the cases were notified to the Mental Deficiency Committee (under the appropriate section of the Act) and the children are now under Statutory Supervision.

The six children remaining at the end of the year are happy and making progress. In four cases the improvement is outstanding. One boy who has been accepted for the Scheme will be placed in January.

It is regretted that the local visitor who has kept in close touch with the boarded-out children is leaving Tonbridge at the end of the year. The Tonbridge Case Committee is endeavouring to find another visitor who will undertake this special piece of work.

TONBRIDGE SPECIAL SCHOOL. AFTER-CARE REPORT.

SUMMARY OF CASES.

There have been 39 cases under review this year, 20 boys and 19 girls. The numbers engaged in remunerative work are somewhat small but, as regards the girls, the training received is an immense advantage to those who will be helping at home, as they have developed habits of industry and have self-confidence.

Two children who are attending Elementary Schools are making progress, in one case this appears to be adversely affected by home circumstances. Two children attending Residential Special Schools are improving, no details are known in the other case.

The Kent Guardianship Scheme offers a means of providing occupation which may become remunerative, in cases where it is inadvisable that they return to their homes.

	Girls.	*Boys.*
Domestic work (daily)	5	
House and Garden work		1
Factory work	1	1
Brickfields		2
Garage work (generally useful) ..		1
Helping at home	2	
,, ,, (small holding) ..		1
Living at home (over 16)	1	
,, ,, (under 16)	4	
Elementary School	2	
Private School	1	1
Residential School	1	2
Attending Occupation Centre		2
Guardianship (K.V.A.M.W.) (1 usefully employed)		2
Brighton Guardianship		1
Institution	1	5
c/o Public Assistance Committee (to attend Open-Air School)	1	
Deaf and Dumb School		1
	19	20

Certificate of Mental Deficiency Withdrawn.

B.L.—23.3.16. Tonbridge. Is still doing daily domestic work. There is now a proposal that she should take a situation where she will live in.

L.E.—6.8.18. Tonbridge. Is now working in the brickfields. Said to have improved in health. Gives no trouble at home.

L.E.—12.10.19. Tonbridge. Also working in the brickfields.

S.J.—8.10.17. Tonbridge. Seems to have improved to some extent. Is now employed in factory. Variable case and home circumstances do not help.

S.D.—11.8.22. Tonbridge. Attending Elementary School. Head Teacher reports child is making some improvement. Seems to have more intelligence than would appear from results. Home influence is not helpful.

Left to Attend Elementary School.

F.H.—Tonbridge. Attending Elementary School. Head Teacher reports she has steadied considerably during past year. A general improvement in the case. Home is visited as elder sister is under Statutory Supervision.

Transferred to Mental Deficiency Committee.

G.A.—2.7.24. Transferred to Mental Deficiency by means of "Special Circumstances Certificate". Eastry Institution.

Certified as Imbecile and Notified to Mental Deficiency Committee.

B.M.—2.6.24. Tonbridge. Child is now living at home and is under Statutory Supervision. Has improved a little since she stayed with some relatives near Dartford for some months this year. General health is better but has had styes in her eyes recently.

F.P.—18.8.16. High Brooms. Living at home. Helps father on small holding. Would like to get paid employment. Good lad. Gives no trouble. Under Statutory Supervision.

G.A.—1.1.22. Tunbridge Wells. Living at home and attending Occupation Centre. Difficult to control at home. Amenable at Occupation Centre. Under Statutory Supervision.

G.V.—26.12.23. Tunbridge Wells. Living at home. Should attend Occupation Centre but parents do not wish it. Under Statutory Supervision.

M.E.—30.11.25. Tunbridge Wells. Living at home and attending Occupation Centre. Under Statutory Supervision.

S.T.—4.2.20. Pembury. Admitted to Besford Court Institution 1933. Now in Senior Department and learning bricklaying.

W.E. (Final)—25.5.15. Tunbridge Wells. Living at home; helps her mother. Conduct has improved and parents no longer anxious. Interest and visits welcomed. Under Statutory Supervision.

Excluded.

H.G.—9.9.20. Tunbridge Wells. In Institution.

Left Special School as Unsuitable.

B.J.—27.3.24. Tunbridge Wells. Living at home. Has been attending Convent School for past nine months. Is happy there but makes little progress. Under supervision for Tunbridge Wells Education Committee.

Residential Special School.

P.F.—27.9.23. Admitted to Besford Court.

R.V.—17.6.22. At Kingsmead Residential Special School. Came home for a holiday in the Summer. This was not a success. Gave trouble and had to be returned before the end of the holiday.

Left Residential Special School at Sixteen Years.

S.F. (Final)—26.10.16. Tonbridge. Has been living at home and has also had some factory work which she did not manage well. Health has been poor. Has been keeping company with a man much older than herself. In this is deliberately encouraged by the mother. Mental Deficiency Committee offered vacancy which was refused. Home supervision inadequate and mother's word cannot be relied upon. Now said to be in situation with an " old couple ". Under Statutory Supervision.

Left Day Special School at Sixteen Years.

C.L. (Final)—14.9.15. Tunbridge Wells. In domestic service at Southborough. Same situation for 2 years 10 months. Under Statutory Supervision.

F.J. (Final)—11.1.16. Tunbridge Wells. Left Special School December 1931. At home. For a few months had a daily post as general help. Had to leave owing to ill-health. May possibly return later. Receives regular instruction in needlework, reading and writing from local visitor. Was to be confirmed on November 27th. Under Friendly Supervision.

H.H. (Final)—24.8.15. Tunbridge Wells. Has irregular employment with a local coal merchant, does fairly well. Also helps his local visitor in the garden, cleaning car, etc. A poor overcrowded home. Under Statutory Supervision.

L.K.—20.2.17. Tonbridge. Is still employed in factory where his mother also works. Local visitor reports that he had improved considerably. Earns 17s. a week. Under Statutory Supervision.

R.K. (Final)—27.11.15. Rusthall. Has been employed in the kitchen at the Cadena Café since October 1932. Is doing well. Under Friendly Supervision.

T.A. (Final)—11.5.15. Southborough. Alice at home, no work. Usually looks fairly clean and tidy. A poor home. Under Statutory Supervision.

T.A. (Final)—23.2.15. Rusthall. Living at home, conditions good. Still employed at Messrs. Rocke & Thorpe, Ltd. Assists his father in the showroom. Under Friendly Supervision.

Boarding-Out Committee Cases.

B.A.— –.6.16. Under Kent Guardianship Scheme. On small holding near Dartford. Is happy and contented, has improved considerably. Helps his guardian at home, can go down into Dartford to do some shopping.

B.R.—9.2.18. Cranbrook. Since return from Residential Special School in May has had two daily situations and one situation where she has lived in. No unsatisfactory conduct is reported by Mrs. Brown but it is felt that Rose is somewhat wayward and difficult to influence.

B.S.—23.6.19. Still at Besford Court Residential Special School. At present is in School Hospital having treatment for vision.

B.C. (Final)—17.5.15. In Tenterden Certified Institution.

C.H.—21.4.20. Is still at Royal School for Deaf and Dumb, Margate.

C.J. (Final)—28.11.22. Sidcup. At home. Under Statutory Supervision. Physical condition has improved. Is attending a small private Day School and making some progress. Conditions satisfactory.

G.A.—4.3.20. Placed in Eastry Institution in April 1933.

G.V.—13.4.21. Had to be withdrawn from the scheme owing to incontinence of urine. Was under treatment at General Hospital and had examination by Psychological Specialist. Foster-mother was particularly conscientious and patient. Admitted to Public Assistance Hospital, Pembury, for treatment and transferred to Cottage Homes at Rusthall. It is understood that she will attend Open-Air School for a time.

J.A.—9.10.20. Under Kent Guardianship Scheme. In Dartford. Attends Bexley Heath Occupation Centre. A difficult boy to control but he has an excellent guardian and he has improved since he has been further away from his relatives. Intelligence above that of other children attending Occupation Centre.

S.R.—21.3.18. Left Special School Midsummer 1934. Could not return to own home as conditions very poor. Owing to delinquent tendencies Kent Voluntary Association considered him unsuitable for Guardianship Scheme. Was placed by Mental Deficiency Committee with Brighton Guardianship Society.

W.V. and W.H.—24.11.18. Mottingham. These children did not return to Special School after their summer holiday when they had reached age fourteen years. Home supervision inadequate. Case was notified to Mental Deficiency Committee under appropriate Section of Act and children are now under Statutory Supervision.

W.J.—6.7.17. Placed in Princess Christian Farm Colony November 1933. Case was recently considered by Visiting Justices but discharge not recommended by them. Board of Control decision not yet known. Lad said to have improved and to be interested in building.

REPORT ON WORK UNDERTAKEN BY THE KENT COUNCIL OF SOCIAL SERVICE

for the

CARE AND SUPERVISION OF DELICATE SCHOOL CHILDREN.

Report for the period January 1st to December 31st, 1934.

General.

During the calendar year to December 31st, 1934, 251 new cases have been referred, for the following help :—

Supervision	83
Parents' consent	4
Milk	139
Cod liver oil	10
Cod liver oil and milk	7
Glucose	2
Special (e.g. fares, provision of boots)	6
	251

Apart from parents' refusal to give consent for open-air school treatment, the help asked for was obtained in all cases.

In addition to the initial help provided to the 251 new cases, supervising visits have been paid to 254 children previously referred, and 65 new recommendations from the Education Committee for milk and nourishment to children referred in previous years have been dealt with. In all, 440 reports on children have been sent to the Committee during the year.

Clothing has been provided to 23 necessitous families to whom 199 garments have been supplied. Children from very poor homes have been comfortably equipped with the clothing suitable for Open-Air Schools.

The number of new cases referred each year since the work started in 1930 is as follows :—

	New cases referred during the year.
1930	47
1931	212
1932	163
1933	255
1934	251
	928

The following figures show that the children are being increasingly referred for the provision of material help rather than for supervision only :—

	Percentage referred for supervision only.	*Percentage referred for the supply of nourishment and other material help.*
1932	72%	28%
1933	52%	48%
1934	35%	65%

Of the 928 children referred, 170 have now left school and 52 have left the county.

When children cease to be cared for by the school medical service on leaving school, they are transferred to a " school leavers " department in the Council's office. The Supervising Visitors continue their interest in these children as circumstances require it ; follow-up visits are paid from time to time, more especially until the young people enter health insurance.

At present, therefore, 876 children are being supervised.

Of the children referred for the first time during the year 12 have left school. Nine of these have obtained work, usually through the influence of the Supervising Visitor, the other three are at home on account of ill-health.

The Kent Council of Social Service has recently expressed its willingness to deal with an extension of the service with a view to enabling more children to receive benefit from the milk scheme of the Milk Marketing Board and the Board of Education.

Organization.

A report upon all children referred by the Kent Education Committee for extra nourishment is now obtained from the Supervising Visitors three weeks before the supply is due to cease ; this report is then submitted to the Kent Education Committee so that if a further supply is found necessary the provision can be continuous. This arrangement is proving of great value.

Supervision is still being faithfully carried out by the Supervising Visitors, of whom there are now approximately 150. From the visitors' reports it is evident that increasing interest is being taken in the welfare of the families as a whole.

As was foreshadowed in the last report, the growth of the service has suggested that decentralization is desirable in some of the more populous districts, particularly North-West Kent. In May a District Committee was formed, centred on Dartford, to deal with cases arising in an area which includes Dartford, Bexley, Bexley Heath, Crayford and Welling. This Committee, partly representative of organizations willing to assist, is carrying on its work capably and enthusiastically and is already dealing with well over 100 children. The services of Mr. S. T. Osborne as Convener deserve special acknowledgment.

Preliminary steps have been taken to form a similar Committee for the Northfleet, Greenhithe and Swanscombe area, and it is probable that other District Committees will, in due course, be set up.

West End Hospital for Nervous Diseases.

Five children were admitted to this Hospital for treatment.

Tavistock Square Psychological Clinic, London.

Two children attended at this Clinic for examination.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There have been no further developments in the provisions made for the education of these cases in residential institutions.

A classified return of all cases in the Committee's area is given in Table 12 on pages 66 to 68.

The following report has been submitted by Dr. S. T. Tucker, the Medical Officer of the Day Special School established at Tonbridge.

REPORT ON TONBRIDGE SPECIAL SCHOOL, 1934.

The number on the roll is at present thirty-seven (twenty-seven boys and ten girls). Of this total nine are from the Borough of Tunbridge Wells, four from Southborough, six are " boarded out " and eighteen are local children.

There have been eight admissions and seven discharges during the year. Of the seven who left, four were unsuitable for the type of school, one reached the age of sixteen, and two were withdrawn at the request of the parents. Miss Turner, the Head Mistress, reports :—

"At the moment nineteen children are in the low grade section of whom eighteen have not yet attained to the infant school stage for reading and number ; four of these are very low grade indeed.

"There have been various requests during the year from parents of the thirteen-year-old children for transfer to the ordinary school. Obviously this is in order that the children will be free to leave school at fourteen years of age. In my opinion less than a year in the ordinary school is too short a time for the child to make the necessary adjustment, and the time could be more profitably spent in the Special School. The transfer should be discouraged. It would be better to grant exemption at fourteen years, if the child were not likely to be a social danger.

"This is a problem which has to be faced and dealt with courageously. The difference in the school leaving age in the two kinds of school has always presented difficulties especially with the more ignorant parents."

My own report on the School for this year is in more detail than usual and is in the nature of a special report on this class of child.

The report includes thirty-five of the thirty-seven children now in attendance. One boy was absent and one not examined at my last inspection. That is ten girls and twenty-five boys.

The following is a table of the principal defects, etc., found on physical examination :—

TABLE OF DEFECTS—GIRLS (10).

Defective Sight	3
Bad or Overcrowded Teeth	3
Enlarged Tonsils	1
Tonsils and Adenoids	4
Deaf	1
Mastoid	1
Minor Deformities :—	
Spine	2
Feet	1
Thyroid Insufficiency	1
Congenital Specific Disease	1 ?
Occasional Incontinence	1
Highly Nervous	2
Definitely Underweight	3
Very Small for Age	2

TABLE OF DEFECTS—BOYS (25).

Eye Defects	6
Enlarged Tonsils	4
Adenoids	2
Tonsils and Adenoids	9
Nasal Spur	1
Post Nasal Catarrh	1
Otorrhœa	1
Speech Defects	4
Dental Defects (7 Caries ; 1 Overcrowded)	8
Heart (Functional)	1
Cripple (Diplegia)	1
Birth Injury	1
Spastic Conditions	2
Underweight	7
Very Small for Age	2
Epilepsy	1 ?

As is to be expected the number of children with defects shows a higher percentage than the average for normal Elementary School children in Kent, but there does not seem to be any marked relation between the physical and the mental defect.

This is not, however, true in a few of the cases, viz. :—

Boy aged 13.	Birth Injury.	IQ 42.	Hopeless case.
Boy aged 7.	Very defective speech.	IQ 59.	
Girl aged 11.	Thyroid insufficiency.	IQ 52.	Seems hopeless.

Against these might be quoted :—

Girl aged 13.	High myope.	IQ 70.	Both " borderline " types.
Girl aged 15.	Deaf.	IQ 64x.	

The poorly nourished and underweight children have the following IQs. :—

Girls (5) : 48. 67. 70. 67. 56.

Boys (9) : 67. 71. 53. 62. 62. 54. 55. 59. 66.

As the highest IQ in the series is 81 and the lowest 42, there is no outstanding connexion between nutrition and the IQ shown, though there is a definite tendency for the weakly child to show a low IQ, as might be expected.

My conclusion in connexion with physical defects as they affect children now attending this school is that, with perhaps four or five exceptions, they carry little weight in handicapping these children from a scholastic point of view, though the defects in themselves are naturally drawbacks. Usually, however, it is easy to persuade the parents to obtain treatment for these particular cases.

As regards scholastic attainments, I have drawn up a table which attempts to give some relation between such attainments, the nutritional condition and any special defect.

In this table I have omitted " Writing " as, generally speaking, the Reading and Writing capabilities are closely related and one is usually the measure of the other.

Table 7.—Girls.

	Name.	Age.	Reading.	No.	Manual.	Nutri.	IQ.	Spec. Defect.	Social Status.
1	J.C.	13 +	St. 2	No rec. work owing to eyesight		—	70	High myopia	Poor
2	J.F.	11·9	Infant	St. 1	Poor	—	67	—	Poor now B.O. (Illeg.)
3	R.P.	10·8	Infant	Infant	Fair	—	67	Squint (glasses) poor physique ? C.S.	Poor
4	V.W.	10	Infant	Infant	Poor	—	66	Had Mast. operation	Poor
5	Joan F.	15·1	Good St. 3-4	St. 2-3	Good	+	64	Deaf	Indiff.
6	G.S.	13·2	Good St. 4	Infant (V.Poor)	Poor	Av.	62	—	Poor
7	E.G.	15·2	St. 3	St. 2	Good	—	61	—	B.O.
8	E.C.	9·6	Infant (Poor)	V. little	V.Poor	—	56	Squint(glasses) V. nervy	Poor
9	B.R.	11·3	Pract. Nil	Pract. Nil	V.Poor	Good	52	Thyroid insufficiency	Good
10	M.C.	15·3	Inf. —	Add. T.U. only	V. Poor & slow	—	48	—	V. Poor

In Col. 5 Good = Average for age.
In Col. 6 + = Average or above.

In Cols. 3 and 4 Inft. = Between 5-6 (Average Infant)

Table 8.—*Boys.*

	Name.	Age.	Reading.	No.	Manual.	Nutri.	IQ.	Spec. Defect.	Social Status.
1	F.P.	12	St. 1.	St. 2, 3	Good	Small for age	81	—	Fair
2	Jack H.	11·7	Inft. (Poor)	St. 2	V.Good	Small for age	80	Imped. Speech	Fair
3	W.W.	12·2	St. 1 +	St. 1 +	Mod.	+	75	—	Poor
4	S.S.	7·4	Few letters only	Nil	Nil	Fair	75	Cripple	Poor
5	R.E.	15·11	Poor Std. 3	Poor Std. 3	Mod.	—	71	Spasticity	Poor
6	J.H.	12·6	Poor St. 2	St. 3	Poor	+	71	? Visual def.	Poor
7	E.M.	13·2	Inft.	St. 1 +	Good	+	70	? Lat. Epil.	Poor
8	F.S.	13·3	Inft.	St. 1-2	Good	+	70	? Vis. def.	V. Poor
9	F.K.	14·4	St. 2-3	St. 3	Slow & clumsy	+	70	—	V. Poor
10	H.S.	13·9	Inft.	St. 2	Good	+	70	—	Poor
11	W.L.	12·9	St. 2 —	St. 2 +	Poor	—	69	—	V. Poor
12	A.M.	14	St. 2	St. 3	V.Good	+	69	—	Fair
13	J.H.	11·2	Few letters only	Add & Subt. T.U. only	V.Poor	—	67	Squint & D.V. (glasses)	Poor
14	J.W.	13·8	Inft.	St. 3	Good	+	66	—	Fair
15	James H.	13	St. 2	St. 1	Fair	—	66	Adenoids Squint(glasses)	Poor
16	L.C.	14·1	Inft.	St. 1-2	V.Good	—	62	—	Poor
17	G.B.	14·1	Inft.	St. 2-3	V.Good	—	62	—	B.O.
18	R.G.	13·1	St. 1 —	St. 2 —	Good	+	62	—	Poor
19	V.L.	7·4	Few letters only	Pract. Nil	V.Poor	—	59	V. def. speech	Poor
20	P.B.	12·7	Poor Inft.	Poor Inft.	Poor	—	55	Bad ear trouble, recent absence	Poor
21	Phil B.	14·2	Inft. Primer	Inft.	Poor	—	53	Squint D.V.	B.O.
22	P.H.	15·5	Poor Inft.	St. 1-2	Good	—	54	Old Mening. or head injury	Fair
23	H.B.	14·8	St. 4-5	Inft. —	V.Poor	+	52	Mongol.	Fair
24	A.C.	12·5	Inft.	Poor Inft.	V.Poor	+	51	—	Poor
25	A.B.	13·8	Letters only	Pract. Nil	Fair	—	42	Birth injury	Good

In Col. 5 Good = Average for age.
In Col. 6 + = Average or above.

In Cols. 3 and 4 Inft. = Between 5-6
(Average Infant)

The inability to read seems the great stumbling block which holds up the progress of all the borderline or merely dull or backward children in this School. To return a boy of eleven, twelve, or thirteen to an Elementary School with the reading capabilities of a normal child of eight or nine does not seem to me a very satisfactory proceeding.

The question which arises in each case is, " Is this some definite weakness or defect of intellect such as faulty auditory or visual memory, or is it due to some fault or error in our system of ' teaching to read ' ? " I am rather inclined to think some of it may be called almost hereditary, as the very large majority of children dealt with come from families in which I should imagine literary pursuits are little encouraged and books rare.

Conclusions.

1. Except where there is gross defect, physical handicaps do not in this series of children bear much relation to the progress in work. Hereditary and environmental conditions have more effect, though nutritional states do not necessarily prove the drawback one might expect.

2. Reading is the great bar to real progress in the borderline children.

The cause may be cerebral but I think in most cases this is improbable.

3. All children similar to those in the lower division of this School would more conveniently be dealt with in Institutions or Occupation Centres. It is in most cases waste of time and energy to keep them in a Day School.

4. Special Day Schools could be usefully employed for dull and backward or high grade mentally deficient children and could readily be filled with such provided certification only after trial were permissible.

5. It is doubtful if any " high grade " boy or most " high grade " girls should be kept on at the Tonbridge Special School after reaching fourteen, provided suitable work is found.

The facilities for advanced manual work are too limited, and the boys after fourteen certainly require a man to be in charge of them.

General.

The number of children three or more years retarded educationally is still very large especially in the purely agricultural areas. It would not be wrong to say that it ranges from 1 per cent. in some to 20 per cent. in other schools of the number of pupils attending; or, taking the whole of my area, 5 per cent. of the school population. I do not think this is an over-estimate. That many of these do ultimately improve and reach a respectable standard is solely due to hard work and perseverance on the part of their class teachers. I think some special provision should be made for such children. It would be of immense benefit to both them and their class mates.

Approximately 1 per cent. of the children attending elementary schools in this area have been certified M.D. How often we are told by the parents of similar children that they either cannot read or write themselves or could not do so on leaving school ! It appears that some special sort of " motivation " should be applied to these children.

I believe that probably one of the most reliable tests which separates the child who is merely dull or backward from the high grade M.D. is the difference in the ability to retain or quickly recover what he or she has already learnt. This, if true, might point to indistinct or blurred sensory memories in the M.D., perhaps an actual anatomical or, better, a microscopical brain defect.

Referring to the question of dull or backward children, it appears to me that all such who cannot read or do Class I infant work at the age of eight and who cannot be truly certified as M.D. should be segregated in a class or classes under a specially trained teacher and from there, after a year or more's work, passed on either to Special School or an ordinary elementary class according to progress. One would then " ascertain " *all* such children at an early date, there would be no certification and no stigmatization at first, and more would be known of each child on its entry to a Special School.

The dividing of classes in junior and senior departments into three sections, good, average, and slow, is helpful but I think a specially trained teacher and smaller classes would be more advantageous from the backward child's point of view.

In most elementary schools in my district five or six children per 100 who are at least three years retarded seems to be the average, that is about 5 per cent., and in at least one school I visit the number amounts to about 20 per cent. Very little is or apparently can be done for these cases. One wonders if the expense of organization which would be necessary to deal with them would be justified by results. Personally I think they should have their chance just as their more brilliant brothers and sisters now have.

As regards the children who are definitely Mentally Defective, I am convinced that transfer to a Residential School or Colony is the only satisfactory way of treating them. I know it is not possible under present conditions—the expense alone forbids it. Since 1929 I have certified just over 100 children, 35 Schedule " C " and 70 Schedule " B " and not more than twelve have had the certificates withdrawn. The oldest child of this series would now be eighteen. Surely a good nucleus for an Institution ? Several of these *are* already in such places.

Full Time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

There is nothing further to report.

Nursery Schools.

There are no Nursery Schools in the area.

Secondary Schools and Other Institutions of Higher Education.

There is nothing to add to my previous reports.

Parents' Payments.

(*a*) Parents are required to contribute towards the cost of medical treatment in accordance with the following scale :—

Free Cases. Where the income of the family does not exceed £2 per week, or where exceeding this amount, after deducting house rent and all rates, does not exceed an equivalent of 12s. per week for each adult, plus 10s. per week for each child.

Contributory Cases. When the weekly income is in excess of the above scale for free cases to the extent of not more than

2s. 6d. the contributions towards the cost shall be 5s.
5s. ,, ,, ,, ,, ,, ,, ,, 10s.
7s. 6d. ,, ,, ,, ,, ,, ,, ,, 15s.
10s. ,, ,, ,, ,, ,, ,, ,, 20s.
12s. 6d. ,, ,, ,, ,, ,, ,, ,, 25s.
15s. ,, ,, ,, ,, ,, ,, ,, 30s.

With regard to dental cases, the charge is one shilling per attendance, but this may be remitted in necessitous cases. A charge of five shillings is made if a child receives treatment under a general anæsthetic.

A charge of one shilling per attendance is also made for children attending at the orthopædic clinics.

(*b*) The scale of payment set out above ordinarily applies to pupils attending schools for Higher Education, but the local Committees have power to take into consideration the income limits laid down by the Committee for maintenance allowances and any special circumstances.

A charge is also made for examination by the School Oculist.

HEALTH EDUCATION.

The Dental exhibit of the Dental Board of the United Kingdom, and a lecturer, have for several years been engaged for one week in each year to visit various schools in the County. Pamphlets and other literature issued by the Dental Board and by the Health and Cleanliness Council have also been distributed to schools, and a few lectures on health subjects have been given to parents' associations by suitable lecturers.

SPECIAL ENQUIRIES.

Special enquiries have again been conducted by the whole-time medical staff during the year, and the following reports have been received.

TIME FACTOR IN MENTAL ACTION.

By Dr. W. Lessey.

In retarded and mentally defective children I have noticed there can be a very definite time interval for response in certain of the Binet Simon tests and I thought I would make a brief survey of some of the thirteen-year-old children in order to compare and record their quickness or alertness in response. The tests selected were :—

Year Six.	I.	Time taken to show R. hand, L. ear, R. eye.
,, Seven.	I.	Time to give number of fingers on R. hand, L. hand, and both together.
,, Seven.	IV.	Time taken to tie a bow after the model has been shown.
,, Ten.	III.	Time taken to draw the design after the model has been shown for ten seconds.
,, Ten.	IV.	Time taken to read the test.
,, Twelve.	IV.	Dissecting sentences. Time taken to rearrange them.

In each instance the child selected was an average child with average ability. The teacher was always asked to present a child of average ability, not one of the smartest and not a particularly dull one.

Selected children at the top of the class will no doubt have shown better results, but these give the average results for the age.

Table 9.—Test Records—Time Recorded in Seconds. Each Test was made and recorded twice, except XII. 4, which was recorded thrice.

Child.	VI. 1. a	b	VII. 1. a	b	VII. 4. a	b	X. 3 a b	X. 4 a b	XII. 4 a b c
Q.W. Boy, Ash School	7	8	13	12	10	11	14.12–12.13	30.20	20.23.17
V.B. Boy, Sittingbourne Holy Trinity	6	7	7	7	18	15	10.30–15.20	25.30	19.17.20
D.S. Boy, Oxford Street, Whitstable	5	4	6	7	13	15	17.20–20.19	25.15	25.30.15
T.W. Boy, Oxford Street	7	5	9	7	14	11	14.18–19.17	24.19	18.17.21
D.I. Girl, N. Preston	8	7	10	10	10	11	25.20–21.20	26.21	19.21.23
L.M. Boy, N.Preston	7	5	9	11	13	14	20.17–20.15	24.19	20.17.19
E.W. Girl, Graveney	5	7	7	8	10	12	20.35–21.19	27.25	Failed.
J.N. Girl, Herne Bay	8	6	7	6	11	12	19.18–18.17	24.24	18.17.17
P.W. Boy, Herne Bay	6	7	8	8	13	13	21.19–19.18	23.20	17.16.19
H.B. Boy, Borden C. of E.	8	7	9	9	11	11	22.21–21.19	25.23	30.23.28
M.R. Girl, Sturry	7	6	11	9	13	11	17.19–19.18	24.20	18.17.20

There is no marked difference between girls and boys, the difference between one boy and another or one girl and another is just as noticeable.

There is hardly any variation in the results of the six and seven year tests, but as the tests become more difficult the variations become more marked. In only one instance was there a failure in the test for the twelve year, that was a girl: she was quite unable to rebuild the dissected sentence.

With the speeding up of physical action and the recording of speeds of exploits in athletics there may be a gradual acceleration of mental action and in time special tests and methods of recording may be devised in order to make large scale and long term comparisons.

SOME REMARKS ON MENTAL DEFICIENCY.

By Dr. J. Selfe.

To make a diagnosis of Mental Deficiency in any particular case there must first of all be some clear conception of what it means. It is defined in the Act as a condition of arrested or incomplete development of mind. The particular psychological manifestations which determine unfitness are social in character : they are defined as persons requiring care, supervision and control. There may be said to be two criteria of social normality. One is his capacity to fill his place adequately as a social unit by earning his own living and managing his own affairs. The second criterion is that he must conform to the working moral standards of the community of which he is a member. A marked failure to satisfy either of these criteria will constitute a man a social misfit and necessitate care, supervision and control. To fill his place adequately as a social unit the individual must have an adequate store of common sense and wisdom which implies ability to judge and to reason and to profit by experience. In addition to intelligence there must be present also some elements of personal effort : energy, grit, stability. Personal efficiency and energy or drive are as important as intelligence. In children in the special classes inertia and lethargy are marked characteristics. The fact so frequently observed, that their educational level is considerably below their intelligence level is accounted for, in the absence of other possible causes, by this element of efficiency and lack of initiative.

Some mental defectives also fail to satisfy the second criterion of normality. This again may be due to lack of intelligence, so that the mental defective may be also a moral defective. But the latter term is reserved for persons whose characteristic is not so much lack of intelligence as marked loss of moral control.

Special Types of Mental Deficiency.

The vast majority of defectives conform to no special type physically, but certain definite types have come to be recognized as of occasional occurrence and demand separate description. The following constitutes an adequate list :—

Clinical Varieties of Primary Amentia.

(1) Microcephaly.
(2) Mongolism.
(3) Sclerotic Amentia—Diffuse.
(4) Tuberous Sclerosis—Localized.
(5) Nævoid Amentia.
(6) Hypertelorism.
(7) Oxycephaly.
(8) Amentia due to Progressive Cerebral Degeneration.

Secondary Amentia and its Clinical Varieties.

(1) Traumatic Amentia.
(2) Encephalitic Amentia.
(3) Hydrocephalic Amentia.
(4) Porencephaly.
(5) Syphilitic Amentia.
(6) Epileptic Amentia.
(7) Cretinism and Amentia due to other Endocrine Defects.
(8) Nutritional Amentia.
(9) Isolation Amentia.

Microcephaly.—In the course of school medical inspections I have noted two or three of such cases, but they are not by any means of common occurrence. The term microcephaly is usually applied to a mentally defective person whose skull, on completion of development, is less than 17 inches in its greater circumference. The criterion, however, is not entirely one of size, but also of a certain peculiarity of configuration. All the cases I have seen were low grade aments.

Mongolism.—This is a very common type, some marked and others rather indefinite. This type appears to be increasing in number. I have probably seen at least twenty such cases in fourteen years. The type is easily recognized as a rule, showing the slanting eyes, small button nose, small round head, furrowed tongue and ability to move joints abnormally. The degree of mental defect varies considerably and there is a direct relationship between the intensity of the physical signs and the mental status. The majority of the cases are of imbecile grade.

Sclerotic Amentia.—In only a small proportion does the overgrowth of neuroglia attain such a proportion as to produce tolerably recognizable types of amentia. There are three forms : atrophic, hypertrophic and nodular or tuberous sclerosis. In the hypertrophic variety the skull tends to be square in shape with well marked frontal prominences and the degree of mental defect varies. The atrophic cases are very rare. I have personally seen two cases of the nodular variety, one well marked, and showing adenoma sebaceum, mental defect and epilepsy.

Nævoid Amentia.—This is a rare syndrome. The combination of nævoid growth of the skin and meninges, mental defect, hemiplegia and usually epileptiform fits may be said to constitute a definite entity.

Hypertelorism.—This is a comparatively rare form of mental deficiency. In addition to general mental and physical backwardness, the essential feature is the great breadth between the eyes. The skull is brachycephalic, with a flat occiput, prominent frontal eminences and a median furrow in the frontal bone. The nose is small but broad with a flattened bridge. I have seen one such case, the mentality being borderline.

Oxycephaly.—The characteristic features are the skull and eyes. The skull is abnormally high and comes to a sharp point at the vertex. The eyes are protuberant and slant downwards and outwards. Divergent strabismus and nystagmus are common. I have seen one case. The mother of the child was also oxycephalic. The mentality in this case, although subnormal, was not that of a mentally defective child.

Amentia due to Progressive Cerebral Degeneration.—Of familial nature and probably due to an inherent defect of neuronic vitality. There are three clinical types :—

(1) Amaurotic family idiocy,

(2) Progressive cerebro-macular degeneration, and

(3) Progressive lenticular degeneration or Wilson's disease.

Amaurotic Family Idiocy affects infants and results in blindness and muscular enfeeblement. The disease is invariably fatal. It occurs chiefly in Jews.

Progressive Cerebro-macular Degeneration.—The signs are arrest of mental development passing to dementia, progressive muscular enfeeblement and impaired vision usually ending in blindness. It occurs in children and young adolescents. *Progressive Lenticular Degeneration* occurs in the second decade and consists of involuntary choreiform movements with tremor and rigidity of limbs, trunk and face, and polylobular cirrhosis of the liver.

Traumatic Amentia.—Injury to the brain may occur before, during or after birth. The great majority of cases of traumatic amentia are due to an injury inflicted during birth. The degree of mental defect varies. In some cases it appears to be much greater than it really is. If epilepsy be present, the prospects are not good but the amount of paralysis is a very uncertain guide as to intellectual development. I have seen one or two such cases. One of the cases was of imbecile grade and markedly paralysed.

Inflammatory Amentia.—In most instances the brain or its meninges are involved primarily and the chief of these conditions are polio-encephalitis, posterior basic or cerebrospinal meningitis and encephalitis lethargica. I have noticed one case of imbecility with hydrocephalus following posterior basic meningitis and one case of polio-encephalitis which resulted in feeble-mindedness.

Encephalitis Lethargica.—The clinical signs and symptoms of this complaint are so diverse that it is difficult to make a definite diagnosis in some cases. The mental defect of these persons is seen in two ways—

namely loss of emotional control and intellectual impairment. One case I well remember, that of a boy who gradually deteriorated in his school work and eventually became feeble-minded, developing Parkinsonism. In another case, that of a girl, the chief defect was on the moral side and the intellectual impairment was extremely slight.

Hydrocephalic Amentia.—The term hydrocephalic amentia should be restricted to those cases in which the mental deficiency is secondary to the condition. There is no constant relationship between the size of the skull and the degree of mental impairment.

Amentia accompanied by Porencephaly.—The diagnosis of porencephaly is rendered more probable if there is marked flattening of one side of the skull plus some hemiplegia and convulsions.

Syphilitic Amentia.—It is doubtful whether syphilitic aments comprise more than 2-3 per cent. at the most of mental defectives of all ages. The diagnosis is based upon the usual signs of the complaint, or a positive Wassermann reaction, in a mentally defective individual.

Epileptic Amentia.—The term epileptic amentia should be restricted to cases of secondary amentia caused by epilepsy. Practically all cases of epileptic amentia are due to frequently repeated major or minor attacks starting early in life. Such cases are not numerous and the degree of deficiency varies from mild amentia to a state resembling idiocy. The cases I have seen were mostly of mild amentia type.

Cretinism.—Owing to the beneficial results of treatment, the proportion of cases of amentia due to this cause is considerably less than formerly. I can only remember seeing one case of amentia due to absence or insufficiency of the thyroid secretion. One, however, notices the mental torpor in cretinoid children placed in the dull or backward division.

Amentia Due to Other Endocrine Defects.—I have noted one case probably due to pituitary and thyroid defect.

Isolation Amentia.—Due to sense deprivation. One doubtful case was seen in which there was congenital non-development of the organs of vision with probably some agenesis of the occipital cortex.

Amentia Due to Malnutrition.—Only when the state of malnutrition is severe, or persists so long is a condition of mild amentia likely to supervene. Mental dullness or backwardness, however, may very likely occur.

Lack of voluntary attention is one of the features of the defective child. In the higher grades this is not so marked, but they can never concentrate long. There is, however, another type, more deceptive, who appears to give attention but whose failure to assimilate what is put before him is soon apparent. Following upon lack of attention comes defect of memory. Mere mechanical memory may, in the higher grade of defectives, reach a fair degree of efficiency. It is in the application of what is remembered rather than simple recall, that the higher grades of defectives fail. Judgment and comparison are as a rule weak. In the lower grades failure will show itself in such simple matters as judgment of colour, size, distance and weight. Higher grades cannot compare objects in respect of more subtle characters. With the best grades, who may have some capacity of concentration and fair memory power, it is their marked subnormality of reasoning power that is most noticeable. They fail to solve arithmetical problems and are unable to write a good piece of composition. It is this lack which incapacitates them for the problems which face them later and makes so evident their want of common sense in the everyday affairs of life and their inability to adapt themselves to new situations. There is incapacity for abstract thought in association with this lack of reasoning power.

BEDTIMES FOR CHILDREN.

By Dr. Gladys Stableforth.

For a long time I have been astounded by the slackness and lack of interest displayed by parents over the retiring hours for their children. In some cases it has been lack of knowledge of the physiological importance of sleep that has been the sole factor for permitting late bedtimes and when this has been explained to them they have made the necessary alterations ; in other cases it has been lack of organization in the home, but unfortunately there are a great many parents to whom it has seemed to have been too much trouble to give their attention to these matters and so they have allowed their children to please themselves what time they went to bed.

During the past year at my clinics and in the schools I have questioned parents closely about bedtimes and have tried to persuade them to give these their careful consideration and to see that the hours were more uniformly *early*. I have endeavoured to show them that during the growing period a sufficiency of sleep is an absolute necessity if *healthy* growth is to be obtained.

These are some of the bedtimes reported to me by the parents :—

	Age.	*Bed-hour.*	*Approximate Proportion of Children.*
(1)	Babies up to 12 months	10 p.m. Allowed to be in perambulator after 6 p.m. feed, until 10 p.m.	1–5
(2)	2 to 7 years	8 to 8.30 p.m.	3–5
	The parents usually remark, " Oh, yes, they go to bed early, about 8-8.30 p.m."		
(3)	8-10 years	8 to 8.30 p.m.	3–5
	8-10 years	8-9 p.m.	1–5
(4)	10 to 14 years	9-10 p.m.	2–5
	10 to 14 years	10-11.30 p.m.	A few cases.
(5)	14 to 16 years. These were girls from secondary schools mostly and their hours as a whole were more reasonable. I make special mention of these cases later.		

Some Sequelæ of Late Bedtimes.

(1) Loss of appetite—particularly for breakfast, the usual complaint being that the child will not eat breakfast and is nauseated, also is often too tired to eat dinner properly.

(2) Nervous symptoms—irritability, emotionally unstable, and cries easily, restlessness, restless sleep and cannot waken in the morning.

(3) Fatigue—marked listlessness, unable to concentrate in class or even during play, falling asleep at their desks. On examination I have found that several of these children have slightly enlarged hearts and increased pulse rates with no history of rheumatism in any form or diphtheria or scarlet fever.

(4) Poor posture—round-shoulders, lordosis, scoliosis, poking-head—winged scapulæ, etc. In one or two cases of five-year-olds, I was surprised to find a marked degree of rigidity associated with the round shoulders.

Most of secondary school girls have limited periods allowed for homework, varying according to the different forms in which they are placed, but unfortunately, owing to over-anxiety on the part of the child or too great an enthusiasm on the part of parent, these are not always sufficiently observed. The head mistresses have always been extremely considerate for the welfare of the children and have carefully investigated the time-tables to see if any alterations could be made, particularly in cases of debilitated children. I should like to take this opportunity of thanking all those teachers in both the elementary and secondary schools for their kind assistance in "jogging" the memories of children about suggested bedtimes.

I have been gratified that *some* of the parents with whom I have discussed the sleep question have told me several months later how much improved in general health their children have been since they began earlier bedtimes. This is particularly cheering if these parents visit on a day when there has been an influx of those other parents who cannot get their children to go to bed early, and who cannot do anything with them, even five-year-olds ! and probably have no intention of trying.

I append the bed-hours suggested to the parents as suitable :—

Age.	*Hours.*
(1) Babies	Bed after 6 p.m. feed.
(2) 5-6 years	6-6.30 p.m.—in bed.
(3) 7-8 years	7 p.m. ,, ,,
(4) 9-10 years	7.30 p.m. ,, ,,
(5) 11-12 years	8 p.m. ,, ,,
(6) 13-14 years	8.30 p.m. ,, ,,
(7) 15-16 years	9-9.30 p.m. ,, ,,

Dr. F. Wolverson.

The beneficial results of the system of school medical inspection as practised in this country for some years are accepted by all who are in a position to judge. Apart from the dry bones of statistics as they exist anyone engaged in work among school children during the last twenty years cannot fail to be impressed by the living evidence seen in the schools themselves. The general appearance of the children as regard nutrition, cleanliness, clothing, boots and well-being to-day is very different from these conditions as they were observed in pre-war days—and after crediting the general augmentation of wages, and the existence of out-of-work pay, it is quite certain that medical inspection by its insistence on periodical examination, its remedying of minor defects, its discovery of major pathological conditions and its influence on the attitude of parents towards these defects is largely responsible for the improvement. In the case of Aylesham School it is possible to see its results more clearly, as, like the village itself, it has only been in existence for a very few years.

Aylesham did not exist eight years ago. There are now from four to five thousand people living in new houses on the local estate and one thousand children attending the three departments of the village school.

The people who constitute this new community come from all parts of the British Isles (Scotland, Ireland and Wales), and from most of the counties of England.

As the mines have developed, families have arrived and in many cases have migrated from depressed areas because the wage earner had failed either to get or to keep his employment. These come mostly without any means and for some weeks, even if they get immediate work, they are in a condition of poverty from which they do not soon, if ever, completely recover. Their home conditions are bad, food inadequate or improper, or both, and in spite of the fact that there is a bath in every house cleanliness is not always their strong point.

It must be stated that there are in this village a large number to whom these observations do not apply: well-conducted and well-cared-for families, clean and respectable, and well fed. It can readily be believed, however, that with conditions outlined above there are more than the usual number of ill-nourished children and a higher percentage of medical defects than one is accustomed to find in Kent.

Many of the children had wholly or partly escaped medical inspection and more or less dodged the remedial measures that should have resulted therefrom.

At my first visit to the junior school five years ago on my first day I examined forty-seven children.

Two only of these were free from all defect. The remaining forty-five had 137 defects between them, an average of three to each child.

There were numerous cases of defective teeth, tonsils and adenoids, impetigo, skin rashes, defective clothing and footgear and dirt.

I cannot remember anything like it in my experience of medical inspection before, or since, and it is not like that to-day.

For the last two years a regular weekly clinic has been held and children are referred from various sources. A nurse devotes part of her time to it and looks up the cases in their homes if necessary. I am in attendance every Saturday morning : 321 children in 1933 and 326 in 1934 were treated, many of these for more than one condition and for several periods and some during the whole year. The four conditions most often found at the clinic are :—

Malnutrition.
Impetigo and Scabies.
Minor Injuries.
Rheumatism in some form or other.

Many of these cases would escape treatment if the clinic did not exist and quite a number do now in fact escape treatment.

Malnutrition.—Ancillary nourishment is given where necessary and Open-air Schools are recommended in certain cases. There is, as far as I know, no way for a poor child to get malt and oil without payment except at the clinic.

Impetigo.—Numerous children have been absent for months with this condition and certain cases for nearly a year until they were brought to the clinic for treatment.

The ignorant regard it as the result of a cold and rub in ointment without any precaution against re-infection. Ointment is useless without instructions.

Scabies.—The same applies. Cases have persisted for months. Pounds of sulphur ointment had been rubbed in and the scratches re-infected by the resumption of infected clothing.

Minor Injuries.—These are, more often than not, neglected. Our classic instance is a boy who, falling down, made an abrasion over the kneecap about the size of a florin. When he came to the clinic more than a year afterwards it was still unhealed. Its only treatment as far as we could ascertain had been bread poultices. Indeed bread poultices are the great therapeutic standby in Aylesham.

Rheumatism.—Numerous cases have been dealt with. In children this is often a disease of malnutrition and bad conditions and there is no need for me to stress its importance.

It is obvious from the few instances given above that school attendance is seriously affected by neglect to obtain treatment for these minor ailments. When I took charge of the district and clinic two years ago there were 120 children absent at every session, leaving an average attendance of 88 per cent.

There can be no doubt that regular medical inspection and a weekly clinic have produced an immense change for the better in the general condition of children in this village.

School attendance is improved, the general standard of cleanliness is astonishingly raised. Impetigo cases, septic sores, scabies and the like are for the most part promptly treated and their subjects restored to school attendance.

The Committee's dental and tonsils and adenoids schemes have been largely made use of, and the Tuberculosis Dispensary, with Open-air Schools and ancillary nourishment have all contributed.

Statistical proof might be adduced, but no one who knew the schools at the commencement of the work can fail to be impressed by the great improvement that medical inspection has effected. It " leaps to the eyes " of managers, teachers and visitors alike, and I have written this report to bring to your notice this concrcte example of the unquestioned benefits of the national scheme.

Its beneficial possibilities are in Aylesham by no means exhausted if ways and means would permit of an extended and more efficient service.

Daily clinics at the school, the full time activity of the nurse for school work and the other medical services and full co-operation of all concerned would incalculably increase the good already done.

MISCELLANEOUS.

Examinations of Assistant Masters, Mistresses, etc.—It was again possible to arrange for the majority of the scholarship candidates to be examined during the course of the routine inspections. In addition, the medical staff examined 232 members of the staff, assistant masters and mistresses, candidates for higher exhibitions, etc.

Necessitous Cases.—The Committee continue to give assistance in necessitous cases, and during the year the following assistance was given :

Provision of travelling expenses	203 cases.
Provision of spectacles	308 cases.

Table 10 (*Board of Education Table I*).

Return of Medical Inspections.

ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections, 1934.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	9,164
Second age group	8,163
Third age group	8,189
Total	25,516
Number of other Routine Inspections	—

B.—Other Inspections.

Number of Special Inspections	6,935
Number of Re-Inspections	24,679
Total	31,614

Table 11 (*Board of Education Table II.*)

ELEMENTARY SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

Defect or Disease. (1)		Routine Inspections. No. of Defects. Requiring treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment. (3)	Special Inspections. No. of Defects. Requiring treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment. (5)
Malnutrition		53	287	267	27
Skin	Ringworm :				
	Scalp	3	—	25	—
	Body	12	—	17	—
	Scabies	18	—	71	1
	Impetigo	44	—	666	—
	Other Diseases (non-Tuberculous)	57	76	587	6
Eye	Blepharitis	98	70	100	4
	Conjunctivitis	8	7	61	3
	Keratitis	—	—	1	—
	Corneal Opacities	3	2	2	1
	Defective Vision (excluding Squint)	968	477	406	83
	Squint	136	64	45	11
	Other Conditions	26	25	90	4
Ear	Defective Hearing	80	107	64	13
	Otitis Media	38	10	153	4
	Other Ear Diseases	59	109	96	10
Nose & Throat	Chronic Tonsillitis only	326	1,483	176	92
	Adenoids only	105	209	68	9
	Chronic Tonsillitis and Adenoids	791	620	414	33
	Other Conditions	187	211	125	25
Enlarged Cervical Glands (non-Tuberculous)		48	538	70	44
Defective Speech		25	56	7	7
Heart and Circulation	Heart Disease :				
	Organic	15	50	19	4
	Functional	18	279	15	27
	Anæmia	174	121	110	11
Lungs	Bronchitis	32	103	111	11
	Other non-Tuberculous Diseases	31	181	47	17
Tuberculosis	Pulmonary :				
	Definite	3	1	4	—
	Suspected	3	24	15	1
	Non-Pulmonary :				
	Glands	4	5	8	1
	Bones and Joints	2	3	11	—
	Skin	—	—	1	—
	Other Forms	—	4	2	1
Nervous System	Epilepsy	10	16	12	3
	Chorea	4	28	44	10
	Other Conditions	61	91	52	14
Deformities	Rickets	10	16	1	2
	Spinal Curvature	98	139	20	16
	Other Forms	455	320	72	34
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		444	1,172	1,649	160
Totals		4,449	6,904	5,704	689

B.—Number of INDIVIDUAL Children found at Routine Inspections to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
Prescribed Groups :			
Entrants	9,164	1,298	14·2
Second Age Group	8,163	1,227	15·0
Third Age Group	8,189	1,215	14·8
Total (Prescribed Groups) ..	25,516	3,740	14·7
Other Routine Inspections ..	—	—	—

Table 12.—*Return of all Exceptional Children in the Area,* 1934.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

	Total.
Blindness (NOT Partial Blindness) .. Deafness (NOT Partial Deafness) .. Mental Defect .. Epilepsy .. Active Tuberculosis .. Crippling .. Heart Disease ..	30

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
9	—	—	1	10

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
5	35	22	—	6	68

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
30	3	—	2	35

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
2	10	7	—	—	19

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
74	240	—	73	387

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
22	20	—	11	53

PHYSICALLY DEFECTIVE CHILDREN.

A.—Tuberculous Children.

(1) *Children suffering from Pulmonary Tuberculosis (including Pleura and intra-thoracic glands).*

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
4	19	4	2	29

(2) *Children suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
54	181	12	16	263

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
77	72	—	—	149

C.—Cripple Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
67	51	8	18	144

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
14	10	—	2	26

CHILDREN WITH MULTIPLE DEFECTS.

Defects.	Type of School, if any.	Total.
Feeble-minded and Epileptic	At Epileptic Colony	3
	At Public Elementary School ..	—
	At no School or Institution ..	4
Feeble-minded and Cripple	At Special School for M.D. Children	2
	At Public Elementary School ..	7
	At no School or Institution ..	7
Feeble-minded and Heart Disease	At Public Elementary School ..	1
Feeble-minded and Totally Deaf	At School for Totally Deaf ..	—
	At other Institution	1
	At no School or Institution ..	1
Totally Deaf and Cripple	At Public Elementary School ..	1
Feeble-minded and Tuberculosis	At Public Elementary School ..	—
	At no School or Institution ..	1
Cripple and Tuberculosis	At no School or Institution ..	1
Cripple and Epileptic	At no School or Institution ..	1
	Total	30

Table 13 (*Board of Education Table IV*).

ELEMENTARY SCHOOLS.

Return of Defects treated during the Year ended 30*th June*, 1934.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Defect or Disease. (1)	Number of Defects treated, or under Treatment during the Year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Ringworm-Scalp. (Shown separately in brackets the number which were treated by X-rays)	47 (7)	1 (–)	48 (7)
Ringworm-Body	100	7	107
Scabies	153	27	180
Impetigo	1,170	45	1,215
Other Skin Disease	608	20	628
Minor Eye Defects : (External and other, but excluding cases falling in Group II) . .	306	25	331
Minor Ear Defects	231	18	249
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc). . .	641	2	643
Total	3,256	145	3,401

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner, or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	1,946	59	38	2,043
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	3	—	3
Total	1,946	62	38	2,046

Total number of children for whom spectacles were prescribed:

(*a*) Under the Authority's Scheme	1,505
(*b*) Otherwise	94

Total number of children who obtained or received spectacles:

(*a*) Under the Authority's Scheme	1,453
(*b*) Otherwise	94

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defect.	Number of Defects.				
	Received Operative Treatment.			Received other forms of Treatment. (4)	Total Number Treated. (5)
	Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner, or Hospital, apart from Authority's Scheme. (2)	Total. (3)		
Tonsils	130	64	194	—	194
Adenoids only	66	18	84	—	84
Tonsils and Adenoids . .	389	123	512	—	512
Other Defects of the Nose and Throat . .	1	—	1	—	1
Total . .	586	205	791	—	791

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.	Individual Children Treated.
	Residential Treatment with Education. (i)	Residential Treatment without Education. (ii)	Non-residential Treatment at an Orthopædic Clinic. (iii)		
Number of children treated	49	37	777	—	805

Group V.—Dental Defects.

(1) Number of Children who were:				
(*a*) Inspected by the Dentist:				
	Aged			
Routine Age Groups	5	4,278	Total	23,548
	6	2,809		
	7	2,599		
	8	2,695		
	9	2,628		
	10	2,321		
	11	2,069		
	12	1,836		
	13	1,784		
	14	529		
(*b*) Found to require treatment		15,741		
(*c*) Actually treated		7,612		
(*d*) Re-inspected		26,580		
(*e*) Re-treated during the year as the result of periodic examination		7,195		
(2) Half-days devoted to	Inspection	375	Total	3,325
	Treatment	2,950		
(3) Attendances made by children for treatment				22,852
(4) Fillings	Permanent teeth	13,724	Total	15,362
	Temporary teeth	1,638		
(5) Extractions	Permanent teeth	3,770	Total	27,564
	Temporary teeth	23,794		
(6) Administrations of general anæsthetics for extractions				748
(7) Other operations	Permanent teeth	3,441	Total	4,814
	Temporary teeth	1,373		

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	5·1
(ii)	Total number of Examinations of Children in the Schools by the School Nurses	191,954
(iii)	Number of Individual Children found unclean	2,740
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	—
(v)	Number of cases in which legal proceedings were taken : (*a*) Under the Education Act, 1921 .. .. (*b*) Under School Attendance Byelaws ..	 — 3

GROUP VII.

Return of Other Defects treated during the period 1*st July*, 1933, *to* 30*th June*, 1934.

	No. Treated or Under Treatment.
Malnutrition	215
Keratitis	1
Corneal Ulcer	6
Corneal Opacities	4
Other Eye Conditions	104
Defective Hearing	63
Otitis Media	182
Other Ear Defects	42
Nose and Throat (other conditions)	337
Enlarged Cervical Glands	96
Defective Speech	18
Heart:	
Organic	34
Functional	22
Anæmia	208
Debility	313
Lungs:	
Bronchitis	137
Other	58
Tuberculosis, Pulmonary:	
Definite	—
Suspected	3
Tuberculosis, Non-Pulmonary:	
Glands	20
Spine	1
Hip	1
Other Bones and Joints	4
Other	3
Nervous System:	
Epilepsy	16
Chorea	44
Other	46
Other Defects and Diseases	816
Total	2,794

NOTE.—The figures in Groups IV, V and VI of this Table relate to the period 1st January, 1934, to 31st December, 1934.

Table 14 (*Board of Education Table I*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

Number of Children Inspected 1*st January*, 1934, *to* 31*st December*, 1934.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	8	9	10	11	12
Boys	103	153	140	498	326
Girls	81	87	141	453	200
Totals ..	184	240	281	951	526

Age.	13	14	15	16	Totals.
Boys	332	1,463	130	560	3,705
Girls	122	950	68	625	2,727
Totals ..	454	2,413	198	1,185	6,432

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (i.e. No. of Children Re-examined).
Boys	280	2,493
Girls	97	2,795
Totals ..	377	5,288

Table 15 (*Board of Education Table II*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

Defect or Disease (1)		Routine Inspections. No. of Defects. Requiring treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation but not requiring treatment. (3)	Special Inspections. No. of Defects. Requiring treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition		10	60	1	2
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	2	1	—	—
	Scabies	2	—	—	—
	Impetigo	3	—	—	—
	Other Diseases (Non-Tuberculous)	22	20	3	1
Eye	Blepharitis	19	20	—	—
	Conjunctivitis	2	1	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	1	—	—	—
	Defective Vision	486	319	10	17
	Squint	2	3	—	—
	Other Conditions	13	12	—	—
Ear	Defective Hearing	10	27	1	1
	Otitis Media	2	3	1	—
	Other Ear Diseases	7	15	—	—
Nose and Throat	Chronic Tonsillitis only	10	99	—	3
	Adenoids only	10	30	—	1
	Chronic Tonsillitis and Adenoids	41	54	5	5
	Other Conditions	25	81	2	4
Enlarged Cervical Glands (Non-Tuberculous)		11	48	2	—
Defective Speech		4	10	—	—
Teeth—Dental Diseases		1,147	47	30	—
Heart and Circulation	Heart Disease :				
	Organic	6	6	—	—
	Functional	23	153	—	7
	Anæmia	56	42	4	—
Lungs	Bronchitis	8	16	—	—
	Other Non-Tuberculous Diseases	10	56	—	1
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-pulmonary :				
	Glands	2	1	—	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	1	—	—
	Skin	—	—	—	—
	Other Forms	—	2	—	—
Nervous System	Epilepsy	1	1	—	1
	Chorea	—	4	—	—
	Other Conditions	15	21	—	1
Deformities	Rickets	38	4	—	—
	Spinal Curvature	80	72	1	2
	Other Forms	417	464	10	12
Other Defects and Diseases		134	240	10	12
Total		2,619	1,933	80	70

B.—Number of Individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness, Defective Clothing, etc., and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :			
First Age Group	705	125	17·74
Second Age Group	526	107	20·35
Third Age Group	1,383	236	17·07
Total (Code Groups)	2,614	468	17·91
Other Routine Inspections ..	3,818	689	18·05

Table 16 (*Board of Education Table IV*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

Return of Defects treated during the period July 1*st*, 1933, *to June* 30*th*, 1934.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated or under Treatment during the Year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	—	—	—
Ringworm—Body	—	1	1
Scabies	—	1	1
Impetigo	—	2	2
Other Skin Diseases	—	12	12
Minor Eye Defects—			
External and other, but excluding cases falling in Group II	—	6	6
Minor Ear Defects	—	6	6
Miscellaneous—			
e.g., minor injuries, bruises, sores, chilblains, etc.	—	—	—
Total	—	28	28

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	193	263	57	513
Other Disease or Defect of the Eyes (excluding those recorded in Group I) ..	—	—	—	—
Total	193	263	57	513

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme	161
(*b*) Otherwise	312

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme	157
(*b*) Otherwise	306

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Number of Defects.				
	Received Operative Treatment.				
(1)	Under the Authority's Scheme in Clinic or Hospital. (2)	By Private Practitioner or Hospital, apart from Authority's Scheme. (3)	Total. (4)	Received other forms of Treatment. (5)	Total Number Treated. (6)
Enlarged Tonsils . .	—	13	13	—	13
Adenoids	—	7	7	—	7
Tonsils and Adenoids	5	16	21	—	21
Other Conditions . .	—	3	3	—	3
Totals . .	5	39	44	—	44

GROUP IV.—TREATMENT OF OTHER DEFECTS.

	Cases Treated or Under Treatment.
Malnutrition	5
Ears—	
Defective Hearing	6
Otitis Media	1
Other Ear Conditions	4
Nose and Throat (other than enlarged tonsils, etc.)	—
Enlarged Cervical Glands	3
Defective Speech	—
Defective Teeth	1,075
Heart—	
Organic	—
Functional	3
Anæmia	21
Lungs (Other)	3
Tuberculosis, Pulmonary—	
Definite	—
Suspected	—
Tuberculosis, Non-Pulmonary	1
Nervous System—	
Chorea	—
Other	—
Deformities—	
Rickets	—
Spinal Curvature	32
Other Forms	138
Debility	13
Other Defects and Diseases	44
Total	1,349